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DEPARTMENT OF JUSTICE

Marijuana

SECRET



Ministère de la Justice
Canada

Department of Justice
Canada

Canada



PURPOSE

- To provide background information and potential options related to the electoral commitment to legalize and regulate possession and production of marijuana.
- The Liberal Party platform specifically proposed:
 - to remove marijuana consumption and incidental possession from [the criminal law];
 - to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
 - to create a Federal/Provincial/Territorial task force, and with input from experts in public health, substance abuse, and law enforcement, design a new system of strict marijuana sales and distribution, with appropriate federal and provincial excise taxes applied.

“To ensure that we keep marijuana out of the hands of children, and the profits out of the hands of criminals, we will legalize, regulate, and restrict access to marijuana.”

(Real Change: Liberal Party of Canada Platform, 2015 – Marijuana)





BACKGROUND INFORMATION

- Marijuana is the **most commonly used illicit drug** in Canada. In 2013, 10.6% of those aged 15 and over (**3.1 million Canadians**) reported past-year use. Rates were **two to three times higher among youth and young adults than adults** aged 25 years and over.
- Over 30,500 Canadians are registered to purchase marijuana from a licensed producer, and 28,000 are temporarily allowed to possess or grow marijuana pending a court decision (*Allard*).
- In 2014, **over half (57,314)** of police-reported drug offences involved **cannabis possession**, and **10,696** involved **cannabis trafficking, production, or distribution**.
- **Marijuana grow operations** exist in all types of dwellings and communities across Canada, raising public health and safety risks (e.g., risk of fire and electrical hazards, violent home invasions).
- The majority (85%) of **organized crime groups** participate in illicit drug markets, and marijuana is among the top types of drugs involved. *size of operation large scale*
- The **majority of marijuana in the illicit market is believed to be produced domestically**. In 2013, law enforcement sought destruction of over 39 metric tonnes of dried marijuana and 800,000 marijuana plants.



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BACKGROUND INFORMATION

controlled substances other drugs come under the FDA

Domestic legal and regulatory status:

- The *Controlled Drugs and Substances Act* (CDSA) and its regulations provide the legal framework for dealing with all drugs in Canada, including marijuana. *- not a part of the Criminal Code -*
- It is currently illegal to possess, grow or sell marijuana, *the use of the criminal law power extends beyond the Criminal Code* unless authorized through:
 - An exemption granted under section 56.1 of the CDSA for a medical, *scientific*, or public interest purpose; or *law enforcement*
 - Regulations (most notably, the *Marihuana for Medical Purposes Regulations* (MMPR), which came into force in June 2013, or through an injunction order allowing access under the terms of the former *Medical Marihuana Access Regulations*). *Regime fully come into force on March 31, 2015*
- Additionally: *1 year transition*
 - Impaired driving, including impairment due to marijuana, is an offence under section 253 of the *Criminal Code of Canada*; and
 - Marijuana is regulated by the *Food and Drugs Act* and the *Food and Drug Regulations*.

International legal framework:

- Canada is party to a global legal framework covering psychotropic drugs – including conventions such as the 1961 Single Convention on Narcotic Drugs. The convention does not allow for legalization but does give latitude on the types of sanctions and penalties imposed.



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RECENT DEVELOPMENTS

Domestic:

- Recent proliferation of retail and online sales by unlicensed **marijuana dispensaries** has occurred despite prohibitions of the CDSA and regulatory provisions.
- **Charter challenges** have focused on **medical marijuana**, and this is likely to continue.
 - Over 300 lawsuits since introduction of the MMPR, primarily challenging elimination of home cultivation; all but one have been stayed pending decision (expected soon) in the lead case (*Allard*).
- The Canadian Association of Chiefs of Police (CACP) and MADD Canada are calling for **legal limits on drugs for drivers**, and for **roadside screening to detect impairing drugs**.
 - The *Dangerous and Impaired Driving Act* (C-73), which died on the order paper in June 2015, included provisions to simplify the prosecution of drug impaired driving offences.

International:

- In 2013, **Uruguay** became the first country to legalize and regulate marijuana for non-medical use. While marijuana remains illegal federally, **four U.S. states** (Colorado, Washington, Oregon, Alaska) and District of Columbia have legalized non-medical marijuana.
 - Canada is being urged by experts to build on lessons learned.
- The April 2016 **United Nations General Assembly Special Session on the World Drug Problem** will bring together countries to discuss approaches to drug control.
 - Health Canada is leading; likely will seek Cabinet approval for Canadian position.

all appeals
in Allard
motion
on Turner
in 24 others
up held
the stays
that
until the
appeals
in Allard
are struck





KEY STAKEHOLDERS/PARTNERS

Key federal roles and responsibilities:

- **Justice Canada:** Leads the National Anti-Drug Strategy (NADS) and criminal aspects of drug-related policy legislation; manages the Drug Treatment Court Funding Program and Youth Justice Fund's drug treatment component.
- **Health Canada:** Oversees the medical marijuana regime, the CDSA and fulfillment of drug-related international commitments; works with law enforcement/regulatory bodies to ensure that marijuana remains in legal distribution channels; leads the NADS Prevention and Treatment Action Plans.
- **Public Safety and Emergency Preparedness:** Leads the NADS Enforcement Action Plan; overall coordination role on law enforcement policy and addressing public safety risks.
- **RCMP:** Federal lead for criminal investigations into organized crime groups and networks, including those involved in the production and distribution of illicit marijuana; conducts personnel background checks for MMPR license applications.
- **Public Prosecution Service of Canada:** Responsible for the prosecution of drug offences in Canada (Quebec and New Brunswick also prosecute drug offences).



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MINISTERIAL MANDATE LETTERS

- **Your mandate letter** includes the following priority on marijuana:

“Working with the Ministers of Public Safety and Emergency Preparedness and Health, create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.”

- The **Minister of Health’s** letter includes the priority to:

“Support the Ministers of Justice and Public Safety and Emergency Preparedness on the efforts that will lead to the legalization and regulation of marijuana.”

- The **Minister of Public Safety and Emergency Preparedness’s** letter includes the priority to:

“Support the Minister of Justice and the Minister of Health on efforts that will lead to the legalization and regulation of marijuana.”



s.14

s.21(1)(a)

s.21(1)(b)

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s.21(1)(a)

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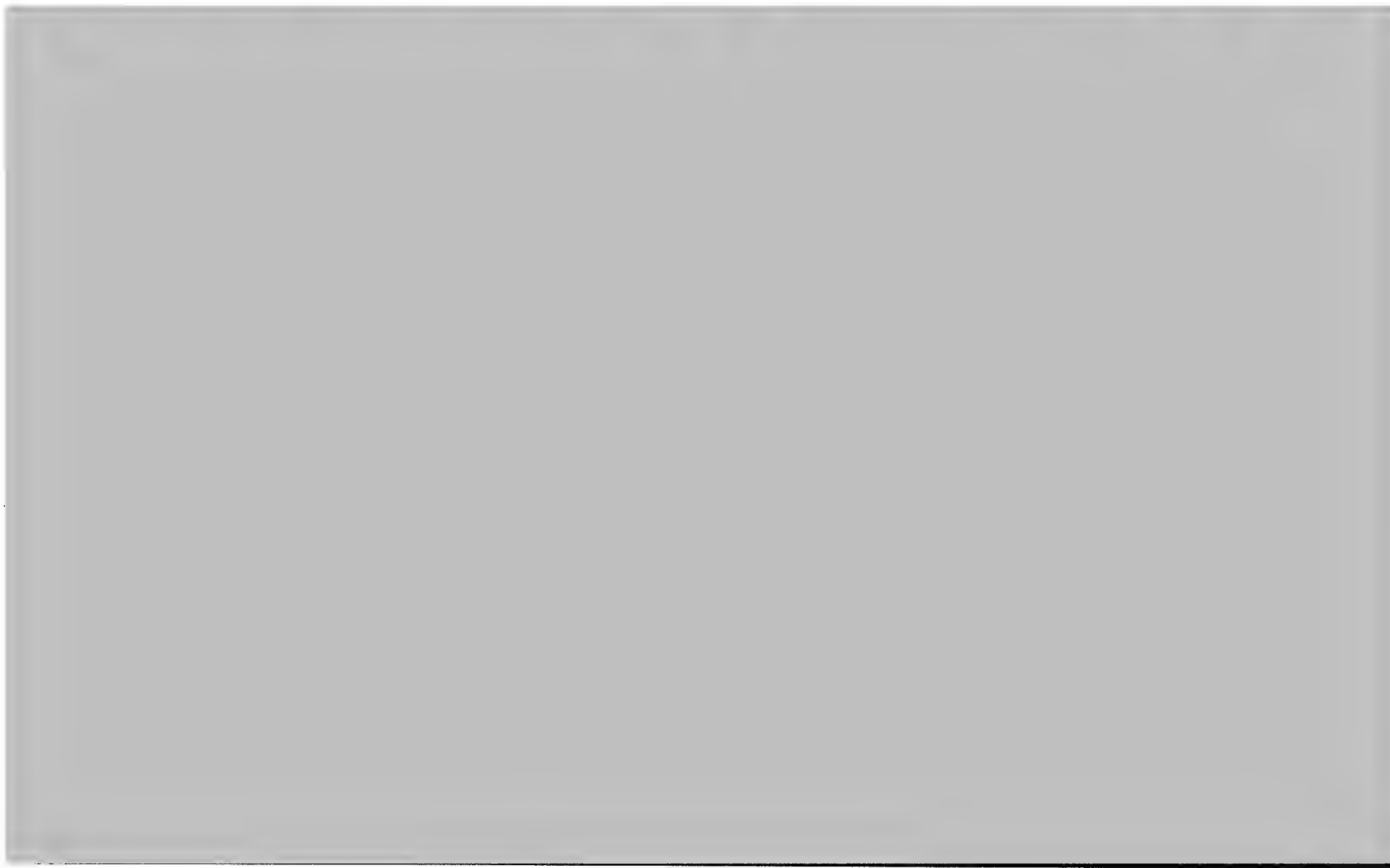


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ROLE OF MINISTER OF JUSTICE AND ATTORNEY GENERAL OF CANADA

- As Minister of Justice, you would be responsible for:
 - Advising on appropriate legal expert(s) for the task force;
 - Developing options with respect to the criminal aspects of marijuana legalization, in collaboration with Health Canada, Public Safety and Emergency Preparedness and other federal partners;
 - Any legislative changes, [REDACTED]
 - [REDACTED]
 - Continuing to lead the National Anti-Drug Strategy.
- As Attorney General of Canada, you are responsible for the prosecution of drug offences in Canada and for defending challenges against the medical marijuana regime.

13



s.69(1)(g) re (a)

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Secret

MARIJUANA LEGALIZATION

BACKGROUND

The proposal is to:

- ensure that marijuana is kept out of the hands of children, and the profits out of the hands of criminals, and to legalize, regulate, and restrict access to marijuana;
- remove marijuana consumption and incidental possession from the criminal law, and create new, stronger laws to more severely punish those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework;
- create a federal-provincial-territorial task force—and with input from experts in public health, substance abuse, and law enforcement—design a new system of strict marijuana sales and distribution, with appropriate federal and provincial excise taxes applied.

The *Controlled Drugs and Substances Act* (CDSA) and its regulations provide the legal framework for dealing with all drugs in Canada, including cannabis (marihuana). The CDSA creates a summary conviction offence in regard to possession of 30 grams or less of cannabis (marihuana) or 1 gram or less of cannabis resin (“a small amount of cannabis”) that is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

Federal responsibilities

Justice Canada is the lead on the National Anti-Drug Strategy. The Department is also the lead on the criminal law aspects of drug usage, in the same way as it leads on amendments to the *Criminal Code*. As Minister of Justice you will be responsible for developing options with respect to the criminal aspects of cannabis (marihuana) legalization. In developing these options, departmental officials will work closely with officials at Health Canada, Public Safety Canada, and Foreign Affairs, Trade and Development Canada. Options for moving forward will also depend on the system of sales and distribution that is developed by the task force. The Minister of Health will lead on the creation of the task force and on its mandate and timelines.

The Minister of Health is responsible for the CDSA generally. Health Canada is responsible for regulating controlled drugs and substances, including their use by licensed dealers and producers (e.g., for medical marijuana).

The RCMP is the federal lead for criminal investigations into organized crime groups and networks that pose the greatest risk to the safety and security of Canadians, including those involved in the production and distribution of illicit marijuana.

The Public Prosecution Service of Canada (PPSC) is responsible for the prosecution of drug offences. In Quebec and New Brunswick, both PPSC and the province prosecute drug offences. However, any province may conduct the prosecution where the drug offence is less serious than other offences being charged (e.g., impaired driving causing death and possession of marihuana).

s.21(1)(b)

Canada Border Services Agency is responsible for managing the access of people and goods, including the prohibition of importing contraband such as drugs like cannabis, to and from Canada.

Public Safety Canada exercises a broad leadership role over departments and agencies responsible for public safety and security, including strengthening drug control policies and working with law enforcement to tackle the production and distribution of illicit marijuana.

Medical marijuana and court challenges

Charter challenges have continued in criminal and civil contexts since the introduction of the *Medical Marihuana Access Regulations* (MMAR). For example, in June 2015, a Supreme Court of Canada decision in *R. v. Smith* overturned the prohibition on possession of non-dried forms of medical marihuana. In response, Health Canada issued section 56 exemptions under the CDSA, allowing licensed producers to produce and sell cannabis oil and fresh marihuana buds and leaves in addition to dried marihuana.

With the introduction of the *Marihuana for Medical Purposes Regulations* (MMPR) in June 2013 and the repeal of the MMAR on March 31, 2014, over 300 cases were filed, arguing, primarily, that the elimination of home cultivation of marihuana for personal, medical purposes is contrary to the Charter. *Allard et al. v. Her Majesty the Queen in Right of Canada* is considered to be the lead case for these challenges (the majority of similar cases are stayed until *Allard* is decided). The plaintiffs obtained an interlocutory injunction order on March 21, 2014, which allows those who were previously authorized to possess and to produce medical marihuana, and who fit within the time period set out in the injunction order, to continue to possess and to produce under the terms of their previous MMAR licences until a decision in *Allard* is rendered. A decision, expected in fall 2015, could have significant implications on the regime (e.g., if return to home cultivation is permitted in addition to commercial production).

s.21(1)(a)

s.21(1)(b)

s.23



PREPARED BY
Paul Saint-Denis
Senior Counsel
Criminal Law Policy Section

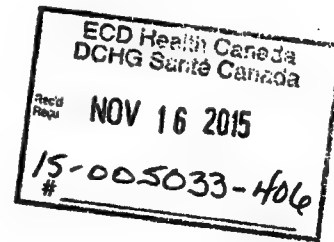
APPROVED BY
Donald K. Piragoff
Senior Assistant Deputy Minister
Policy Sector



Letter from MADD Canada

to:
minister_ministre@hc-sc.gc.ca
2015-11-13 08:47 AM
Hide Details
From: [REDACTED]@madd.ca>

To: "minister_ministre@hc-sc.gc.ca" <minister_ministre@hc-sc.gc.ca>



1 Attachment



MADD Canada Letter_Honourable Jane Philpott.pdf

Hello:

Please see attached for a letter being sent on behalf of MADD Canada [REDACTED]

Thank you.

[REDACTED]
MADD Canada
2010 Winston Park Drive, Suite 500, Oakville, ON L6H 5R7
Tel: 905-829-8805 / 1-800-665-6233, ext. 240
Fax: 905-829-8860
Web: www.madd.ca
Canadian Charitable Registration Number: 13907 2060 RR0001

Support **Project Red Ribbon**. Get your ribbons today by donating to MADD Canada or text MADD to 45678 to donate \$5 on your cellphone bill. Tie It! Wear It! Show It! Share It! Live It!



NATIONAL OFFICE

2010 Winston Park Drive, Suite 500, Oakville, Ontario, Canada L6H 5R7

Tel: (905) 829-8805 • Toll Free: 1-800-665-MADD • Fax: (905) 829-8860 • Web: madd.ca • Email: info@madd.ca

November 12, 2015

(Sent via email with original to follow by mail)

The Honourable Jane Philpott
Minister of Health
70 Columbine Driveway
Tunney's Pasture
Postal Location: 0906c
Ottawa, Ontario K1A 0K9
Email: minister_ministre@hc-sc.gc.ca

Dear Minister Philpott:

On behalf of MADD Canada's National Board of Directors and our more than 100 Chapter and Community Leader groups across the country, congratulations on your election as the Member of Parliament for Markham-Stouffville and your appointment as the Minister of Health.

MADD Canada's mission is to stop impaired driving and to support victims of this violent crime. Impaired driving claims between 1,250 and 1,500 lives, causes more than 63,000 injuries and costs the Canadian economy \$20 billion each and every year.

We are writing to express our concern with the current system for testing and detecting drug-impaired drivers.

Roadside surveys and other research show that drug-impaired driving is becoming an increasingly bigger part of the overall impaired driving problem in Canada. The current system for detecting, charging and prosecuting drug-impaired drivers is not working. In 2008, police were given the authority to demand Standard Field Sobriety Test (SFST) and Drug Recognition Evaluations (DRE) if they had grounds to suspect drug impairment in a driver. But, despite those powers and training approximately 800 officers as certified DRE experts, the rate of drug-impaired driving charges is extremely low. In 2012, just 1.9% of all impaired driving charges were for drugs. That's just 1,126 out of nearly 60,000 total charges.

Canada must move beyond the current SFST/DRE model, and introduce road-side oral fluid testing for drugs and driving limits for the most commonly-used illicit drugs. This would be similar to the breathalyzer currently used to detect alcohol, and the drug limits would be similar to the BAC limit. The road-side drug test would not be an evidentiary test (meaning its results are not admissible in court); it would be used only as grounds to demand a second, more sophisticated test. This approach has been adopted in several Australian states and Western European countries where it has proven to be effective. Indeed, several leading American traffic safety experts recently called for replacing the current SFST and DRE system with per se drug limits.

It is absolutely crucial that law enforcement has effective tools to accurately and quickly detect drug-impaired drivers before the government moves forward with its stated plan to legalize marijuana.

With respect to that plan to legalize marijuana, and how distribution, sales and control systems might operate, MADD Canada emphasizes the importance of taking a public health approach, as outlined in the Cannabis Policy Framework from the Centre for Addiction and Mental Health.

We know there will be a great deal of stakeholder consultation and discussion on these issues and MADD Canada would like to be part of that process.

We would very much like an opportunity to meet with you to discuss these issues and share our position and recommendations with you. Your office can contact [REDACTED] at 1-800-665-6233 or at [REDACTED] to arrange a meeting.

Thank you for your time, and once again, congratulations on your election and appointment.

Sincerely,

[REDACTED]

CC: [REDACTED] Centre for Addiction and Mental Health

D16-000299
MCUEU5
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summary
repa1 ATT
CP

Minister of Health

Ministre de la Santé

Ottawa, Canada K1A 0K9

DEC 21 2015

MADD Canada
@madd.ca

Dear [REDACTED]

Thank you for your correspondence of November 12, 2015, inviting me to meet with you to discuss your opinions and recommendations regarding the current system for testing and detecting drug-impaired drivers and the legalization and regulation of marijuana.

As the system for testing and detecting drug-impaired drivers falls under the purview of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I have taken the liberty of forwarding a copy of your correspondence to her, for consideration.

I am working together with Minister Wilson-Raybould on establishing a task force to consult on the legalization and regulation of marijuana. I look forward to hearing your views on these important issues once the task force is established.

Again, thank you for writing.

Yours sincerely,



The Honourable Jane Philpott, P.C., M.P.

c.c. The Honourable Jody Wilson-Raybould, P.C., M.P.
Minister of Justice and Attorney General of Canada

Canada

Ministerial Correspondence Unit - Justice Canada

From: Minister_Ministre <Minister_Ministre@hc-sc.gc.ca>
Sent: December-21-15 4:42 PM
To: [REDACTED]@madd.ca
Cc: Ministerial Correspondence Unit - Justice Canada
Subject: In response to your correspondence / 15-005033 - 406 BF
Attachments: 15-005033-406_FINAL.pdf; 15-005033-406.pdf

Please find attached a response to your correspondence sent to the Minister of Health.

Thank you.

Health Canada

To view this file you will need Adobe Reader - <http://get.adobe.com/reader/>

MCU / UCM**Ministerial Correspondence Unit / Unité de la correspondance ministérielle**
Routing Slip / Feuille de contrôle**Document Date / Date du document:** 2015-12-21
Date of Receipt / Reçu le: 2015-12-21**MCU # / # UCM:** 2016-000299**Author /** The Honourable Jane Philpott **VIP**
Auteur: Minister**Doc Type / Type de Doc:** D

Health

Subject / Sujet: 110003
Justice - Administration of Justice

Ottawa ON K1A 0K9

Due Date / Date d'échéance: 2016-01-27**Sector's Due Date / Date d'échéance du secteur:****Copy to:** [REDACTED]**Assigned To / Assigné à:** MCUED5**Assigned Date / Assigné le:** 2016-01-06**FOR MCU USE****FOR SIGNATURE OF / POUR LA SIGNATURE DE:**

- ☐ Minister / Ministre
- ☐ Minister's Chief of Staff or Assistant / Chef de cabinet ou Adjoint du ministre
- ☐ MCU Manager / Gestionnaire de l'UCM
- ☐ Other (pls indicate) / Autre (veuillez préciser)

POUR L'USAGE DE L'UCM**INSTRUCTIONS / DIRECTIVES:**

- ☐ By email / par courriel
- ☐ By letter / par lettre
- ☐ Enclosure(s) / pièce(s) jointe(s)
- ☐ Courtesy copy (c.c.) / copie conforme (c.c.)
- ☐ Standard reply / lettre type
- ☐ Modified standard reply / lettre type modifiée
- ☐ Based on letter / Basée sur la lettre
signed on / signée le _____

Comments / Remarques:

Summary report ATT

INSTRUCTIONS

- D:** ☐ Draft response / Faire un projet de réponse
- A:** ☐ Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
- F:** ☐ Action at your discretion / Donner suite à votre discrétion
- ☐ Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
- I:** ☐ For your information (no action required) / À titre d'information (aucune mesure requise)

CC: K. Mercer
CC: S. Geh
CC: K. BlackCC: S. Poliquin
CC: S. Nesbitt
CC:CC: P. Glushek
CC: Y. Legault
CC:CC: L. Bisson
CC: A. Saghbini**Closed / Fermé:****File Away / Classé:**

Pages 24 to / à 63
are withheld pursuant to section
sont retenues en vertu de l'article

69(1)(g) re (d)

of the Access to Information Act
de la Loi sur l'accès à l'information

Question Period Note
MARIJUANA LEGALIZATION
<p>ISSUE:</p> <p>The Liberal electoral platform undertook to “legalize, regulate and restrict access to marijuana” and to establish a federal/provincial/territorial task force to design a strict sales and distribution system.</p>
<p>PROPOSED RESPONSE:</p> <ul style="list-style-type: none">• Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.• I am working with the ministers of Health and Public Safety and Emergency Preparedness to establish a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution, with appropriate federal and provincial taxes applied.

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act* (CDSA));
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
- to create a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution.

The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

CONTACTS:

Prepared by:

Paul Saint-Denis, Senior Counsel, Criminal Law
Policy Section

Tel. N°:

613-957-4751

Approved by:

Carole Morency, Director General
and Senior General Counsel,
Criminal Law Policy Section

Tel. N°:

613-941-4044

s.19(1)

Due Date: 2016-01-22

110003

2015-014471

[REDACTED]@telus.net

Correspondence from the Minister of Justice and Attorney General of Canada

Dear [REDACTED]

Thank you for your correspondence of November 14, 2015, concerning a variety of issues.

At the outset, I would like to thank you for your kind words on the occasion of my appointment as Minister of Justice and Attorney General of Canada. I consider it an honour and a privilege to assume the responsibilities of this position. I can assure you that I will work with great determination and enthusiasm to address the concerns of Canadians. I am committed to meeting the challenges at hand, ensuring that Canadians have confidence in our justice system.

Please be assured that your correspondence has been shared with the appropriate departmental officials.

Thank you again for your congratulations.

Respectfully,

The Honourable Jody Wilson-Raybould

s.19(1)

N.F.
R15-014471
110003
Summary report
att

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: December-01-15 2:49 PM
To: Ministerial Correspondence Unit - Justice Canada
Cc: MacKenzie, Lea
Subject: FW: Your mandate

From: [mailto: @telus.net]
Sent: November 14, 2015 4:29 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Your mandate

To the right Hon. Minister of Justice,

Congratulations on your election to our government, especially in the riding in which you are able to obtain a seat.

I have reviewed the mandate letter given you as the minister of your portfolio and have the following comments to add:

Point: You should conduct a review of the changes in our **criminal justice system** and sentencing reforms over the past decade with a mandate to assess the changes, ensure that we are increasing the safety of our communities, getting value for money, addressing gaps and ensuring that current provisions are aligned with the objectives of the criminal justice system. Outcomes of this process should include increased use of restorative justice processes and other initiatives to reduce the rate of incarceration amongst Indigenous Canadians, and implementation of recommendations from the inquest into the death of Ashley Smith regarding the restriction of the use of solitary confinement and the treatment of those with mental illness.

Comment:

* revive and fund successful treatment of sexual offenders with support for programs such as Circles of Support and Accountability

Point: Work with the Minister of Public Safety and Emergency Preparedness and the Minister of Indigenous and Northern Affairs to address gaps in **services to Aboriginal people** and those with mental illness throughout the criminal justice system.

Comment:

* With particular attention to those suffering from Fetal Alcohol Syndrome and other developmental abilities and mental impairments that have fallen into the justice system.

Point: Working with the Ministers of Public Safety and Emergency Preparedness and Health, create a federal-provincial-territorial process that will lead to the **legalization and regulation of marijuana**.

Comment:

* this is indeed an uncharted morass that we physicians find ourselves in. We get absolutely no information or support from the Department of Health as we do for other drugs in terms of considering who should receive medical marijuana, at what dosage, for how long and what to advise about efficacy versus side effects but we are still expected to prescribe it.

Point: Implement our platform commitments to toughen criminal laws and bail conditions in cases of **domestic assault**, in consultation with stakeholders and with the goal of keeping survivors and children safe. You should undertake this work in consultation with the Minister of Status of Women and the Minister of Public Safety and Emergency Preparedness.

Comment:

- * In my opinion as a physician and child psychiatrist, much of the difficulty in this last point stems from an inadequate legal framework around the whole issue of divorce and subsequent childcare. This includes with respect to garnishing wages, which usually happens to men, to support child care. When there are children involved in divorce, there needs to be a framework of intervention in place that will ensure their proper support and care so that they can develop free from ongoing conflict between their divorced parents. This would include more education of those undergoing divorce and what their responsibilities are to children. It would also reduce the unacceptable frequency with which men often feel forced out of the lives of their children when they feel their ex-spouses often seem to gain the upper hand in court and they feel they have to go into hiding because they cannot continue to afford child support payments, which has even caused some to commit suicide.

Point: Work with the President of the Treasury Board to enhance the openness of government, including supporting his review of the **Access to Information Act** to ensure that Canadians have easier access to their own personal information, that the Information Commissioner is empowered to order government information to be released and that the Act applies appropriately to the Prime Minister's and Ministers' Offices, as well as administrative institutions that support Parliament and the courts.

Comment:

- * we also need to ensure that government agencies are not accessing information on Canadian citizens simply on the basis of suspicions and information received as part of surveillance without going through due process as to having a right to go after such information.'s

Thank you for your attention to these matters and I wish you every success in your portfolio.

[redacted]@telus.net

Twitter: [redacted]

Blogs:

[redacted]@blogspot.com

[redacted]@blogspot.com

NOTE: This email may have been dictated by Dragon for iMac. if I have not proofread it well enough before sending it, you may be puzzled by the contents. If you can't figure it out, please let me know. Thank you.

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 140001 2015-015009

s.19(1)

[REDACTED]
The Senate
Room 335, East Block
Ottawa ON K1A 0A4

Dear Senator [REDACTED]

Thank you for your kind words on the occasion of my appointment as Minister of Justice and Attorney General of Canada.

I consider it an honour and a privilege to assume the responsibilities of this position. I can assure you that I will work with great determination and enthusiasm to address the concerns of Canadians. I am committed to meeting the challenges at hand, ensuring that Canadians have confidence in our justice system.

Thank you again for your congratulations. I look forward to a fruitful collaboration.

Yours sincerely,

Gilakas'la

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

D15-015009

MCUEA 3

140001

SENATE



CANADA

SÉNAT

(Senator - Manitoba)

(Sénatrice - Manitoba)

The Hon. Jody Wilson-Raybould, P.C., M.P.
Minister of Justice
House of Commons
Centre Block, Suite 451S
Ottawa, Ontario
K1A 0A6

MINISTER OF JUSTICE
JODY WILSON-RAYBOULD
2015 NOV 24 4:11:03
PARLIAM. OF CANADA

November 25, 2015

Dear Minister Wilson-Raybould,

I wish to congratulate you on becoming Canada's new Minister of Justice. Your skills and experience will serve our country well. As you are quite aware, Canada will introduce legislation on a number of social issues that are bound to be controversial with certain segments of our population.

In the 42nd

Parliament, we will be legislating on complex matters such as physician-assisted dying, cannabis and reforming the country's prostitution laws.

As a Senator for Manitoba, I look forward to working with you as the Senate carries out its function of practicing and offering sober second thought in the interests of all Canadians. Moving forward, please do not hesitate to contact my office at any time should you wish to discuss matters of concern.

Warmest regards,

Senator for Manitoba

335, East Block/Édifice de l'Est
Ottawa, Ontario
K1A 0A4

Tel/Tél. 1-800-267-7362
@sen.parl.gc.ca

000070



Sudbury & District

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www.sdhu.com

December 1, 2015

VIA ELECTRONIC MAIL

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Trudeau:

Re: **CANNABIS REGULATION AND CONTROL: Public Health
Approach to Cannabis Legalization**

At its meeting on November 19, 2015, the Sudbury & District Board of Health carried the following resolution #54-15:

WHEREAS the election platform of Canada's recently elected federal government includes the intention to legalize, regulate, and restrict access to marijuana; and

WHEREAS within the current criminalization context, cannabis is widely used in the SDHU catchment area: 23.5% of youth used in the previous 12 months, 52.3% of people aged ≥19 have tried cannabis and 13% currently use cannabis; and

WHEREAS the health risks of cannabis use are significantly lower than tobacco or alcohol but are increased in those who use it frequently, begin at an early age and/or who have higher risk of cannabis-related problems (i.e. certain psychiatric conditions, cardiovascular disease, pregnancy); and

WHEREAS a public health approach focused on high-risk users and practices – similar to the approach favoured with alcohol and tobacco that includes strategies such as controlled availability, age limits, low risk use guidelines, pricing, advertising restrictions, and general and targeted prevention initiatives – allows for more control over the risk factors associated with cannabis-related health and societal harms; and

WHEREAS the Ontario Public Health Standards require boards of health to reduce the frequency, severity, and impact of preventable injury and of substance misuse;

s.19(1)

Letter

Re: Cannabis Regulation And Control: Public Health Approach to Cannabis Legalization

December 1, 2015

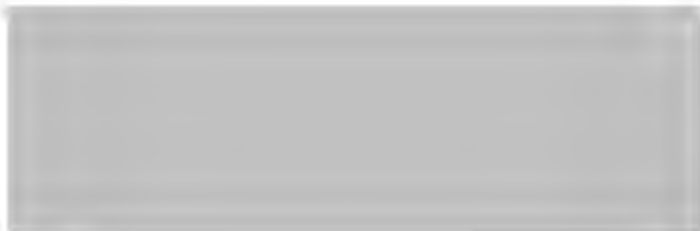
Page 2

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support a public health approach to the forthcoming cannabis legalization framework, including strict health-focused regulations to reduce the health and societal harms associated with cannabis use; and

FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

Members of the Sudbury & District Board of Health respectfully request that the Right Honourable Prime Minister use a public health approach to the regulation and legalization of cannabis in Canada.

Sincerely,



cc: Hon. Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Hon. Jane Philpott, Minister of Health
Carol Hughes, MP Algoma, Manitoulin, Kapuskasing
Paul Lefebvre, MP Sudbury
Marc Serré, MP Nickel Belt
Hon. Kathleen Wynne, Premier of Ontario
Hon. Madeleine Meilleur, Attorney General of Ontario
Glenn Thibeault, MPP Sudbury
France Gélinas, MPP Nickle Belt
Michael Mantha, MPP, Algoma-Manitoulin
• Dr. David Williams, Chief Medical Officer of Health (Interim)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Catherine Zahn, President and Chief Executive Officer, Centre for Addiction and
Mental Health
Ontario Boards of Health

s.19(1)

R16 000812

MCUED1

150017

PC ATT CD

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: January-08-16 11:43 AM
To: [REDACTED]
Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott
Subject: Office of the Prime Minister / Cabinet du Premier ministre
Attachments: L_Cannabis_Regulation_and_Control_PH_Approach_to_Cannabis_Legislation_P5.pdf

Dear [REDACTED]

Thank you for writing to the Prime Minister.

Please be assured that your comments, offered on behalf of the Sudbury & District Board of Health, have been noted and that they will receive due consideration from the Ministers, who have already received copies of your correspondence.

Once again, thank you for taking the time to write.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From : [REDACTED]@sdhu.com Received : 01 Dec 2015 04:58:45 PM >>>

>>> Subject : Cannabis Regulation and Control >>>>

Good afternoon,

Attached is a letter from the Sudbury & District Health Unit's Medical Officer of Health outlining a resolution from the Sudbury & District Board of Health relating to Cannabis Regulation and Control: Public Health Approach to Cannabis Legalization.

Thank you for your attention to this important public health matter.

Sudbury & District Health Unit | 1300 Paris Street | Sudbury, Ontario | P3E 3A3

[REDACTED]@sdhu.com <mailto:[REDACTED]@sdhu.com> | 705.522.9200 ext. 291 | 7 705.677.9606 | www.sdhu.com
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Document Date / Date du document: 2016-01-08
Date of Receipt / Reçu le: 2016-01-08

MCU # / # UCM: 2016-000812

Author / S. Russell
Auteur: Executive Correspondence Officer

Prime Minister's Office

Ottawa ON K1A 0A6

pm@pm.gc.ca

Copy to: [REDACTED]

Doc Type / Type de Doc: R

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-23

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED1

Assigned Date / Assigné le: 2016-01-12

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Comments / Remarques:
PC ATT

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remarques)
- I:** ☐ For your information (no action required) / À titre d'information (aucune mesure requise)

CC:
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Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

The Liberal electoral platform undertook to “legalize, regulate and restrict access to marijuana” and to establish a federal/provincial/territorial task force to design a strict sales and distribution system.

PROPOSED RESPONSE:

- **Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.**
- **I am working with the ministers of Health and Public Safety and Emergency Preparedness to establish a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution, with appropriate federal and provincial taxes applied.**

If asked about the RCMP laying charges against employees and owners of marijuana dispensaries or cases where charges have been laid for marijuana offences, the Minister may want to answer:

- **Charging people for criminal offences is the role of law enforcement agencies, including the RCMP. At this time, marijuana is still a Schedule II drug under the *Controlled Drugs and Substances Act* and subject to the offences under that legislation.**

If asked about the respective roles of the Ministers of Justice, Health and Public Safety in dealing with the legalization of marijuana, the Minister may want to answer:

- **The legalization and regulation of marijuana is one of this government’s commitments and one of the priorities for the Ministers of Justice, Health and Public Safety, as set out in their mandate letters. All three Ministers are working together to meet the government’s commitment.**

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act* (CDSA));
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
- to create a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution.

The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

CONTACTS: Prepared by: Paul Saint-Denis, Senior Counsel, Criminal Law Policy Section	Tel. N°.: 613-957-4751	Approved by: Carole Morency, Director General and Senior General Counsel, Criminal Law Policy Section	Tel. N°.: 613-941-4044

FIS-014207
CS-MS-MLU**Ministerial Correspondence Unit - Justice Canada**

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: December 03, 2015 4:44 PM
To: Ministerial Correspondence Unit - Justice Canada
Cc: MacKenzie, Lea
Subject: FW: [REDACTED] - quick meeting

100006

Meeting request for the Minister

From: [REDACTED] [mailto:[REDACTED]]@sen.parl.gc.ca]
Sent: December 3, 2015 4:00 PM
To: Wilson-Raybould, Jody - M.P.
Cc: [REDACTED]
Subject: [REDACTED] - quick meeting

Hi [REDACTED]

As per our brief phone chat, [REDACTED] would like a very brief chat with the Minister next week, and can meet at her convenience – topics are: missing children, legalizing marijuana and assisted death, all of which were files he was active on before the election call.

Can you let me know if she can squeeze in some time for the Senator?

Thanks,

[REDACTED]

[REDACTED]

Victoria Building
140 Wellington St.
The Senate of Canada
Ottawa, ON K1A 0A4

[REDACTED]
toll free: 1800 267 7362
[REDACTED]

s.19(1)

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Document Date / Date du document: 2015-12-03
Date of Receipt / Reçu le: 2015-12-03

MCU # / # UCM: 2015-014207

Author /
Auteur:

The Senate of Canada
Victoria Building
140 Wellington Street
Ottawa ON K1A 0A4

@sen.parl.gc.ca

Doc Type / Type de Doc: F

Subject / Sujet: 100006
Meeting

Due Date / Date d'échéance: 2015-12-03

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: CS-MS-MLU
Julie Gauthier

Assigned Date / Assigné le: 2015-12-04

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CC: S. Nesbitt
CC:

CC: S. Geh
CC: P. Glushek
CC:

CC: Y. Legault
CC: L. Bisson
CC:

CC: J. Gauthier
CC: MLU

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Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

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PROPOSED RESPONSE:

- **Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.**
- **This commitment reflects the view of a majority of Canadians who believe that marijuana use should no longer be subject to criminal penalties.**
- **I am working with the ministers of Health and Public Safety and Emergency Preparedness to design a new system of strict marijuana production and distribution, with appropriate health safeguards and federal and provincial taxes applied.**

If asked about the RCMP laying charges against employees and owners or marijuana dispensaries or cases where charges have been laid for marijuana offences:

- **Charging people for criminal offences is the role of law enforcement agencies, including the RCMP. At this time, marijuana is still a Schedule II drug under the *Controlled Drugs and Substances Act* and, unless otherwise regulated for production and distribution, is subject to the offences under that legislation.**

If asked about the respective roles of the minister of Justice, Health and Public Safety and Emergency Preparedness in dealing with the legalization of marijuana:

- **Together with my colleagues the Minister of Health and the Minister of Public Safety and Emergency Preparedness, we are working to meet this Government’s commitment to legalize, regulate, and restrict marijuana.**

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act* (CDSA));
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The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

CONTACTS:

Prepared by:

Paul Saint-Denis, Senior Counsel, Criminal Law
Policy Section

Tel. N°:

613-957-4751

Approved by:

Carole Morency, Director General
and Senior General Counsel,
Criminal Law Policy Section

Tel. N°:

613-941-4044

Question Period Note

MARIJUANA LEGALIZATION

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The CDSA also imposes a number of mandatory minimum penalties for serious drug offences. None of these penalties apply to the offence of possession of small quantities of marijuana.

CONTACTS:

Prepared by:

Paul Saint-Denis, Senior Counsel, Criminal Law
Policy Section

Tel. N°:

613-957-4751

Approved by:

Carole Morency, Director General
and Senior General Counsel,
Criminal Law Policy Section

Tel. N°:

613-941-4044

QUESTION PERIOD NOTE

Date:
Classification:
CCM#:2015-11-27
PROTECTED
2015-013792

Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

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- **Add bullet on MMPs (what is the intersection here with MMPs?)**

If asked about the respective roles of the minister of Justice, Health and Public Safety and Emergency Preparedness in dealing with the legalization of marijuana:

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CONTACTS:

Prepared by:

Paul Saint-Denis, Senior Counsel, Criminal Law
Policy Section

Tel. N°:

613-957-4751

Approved by:

Carole Morency, Director General
and Senior General Counsel,
Criminal Law Policy Section

Tel. N°:

613-941-4044

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015776

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(9448-3007)/md


Dec 9th, 2015 k8

R15-015716

MCUED3

150017

Hello,



I am writing to give my views on the legalization of marijuana in Canada.

I believe that to start off the legalization, you need to decriminalize it as soon as possible. It'll be too much of a change to our economy and legal system to bring everything in at once. Canada needs to slowly adapt its citizens to the legalization one step at a time.

Thank you.

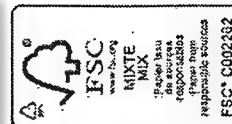
Yours Truly,

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2015 DEC 18 A 10:07

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N.H.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,
CANADA K1A 0A6

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015788

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

Dec 9, 2015 KB

R15-015788

MCUED3

150017

Hello Minister Raybould,

Nova Scotia.

I am writing to give my views on the legalization of marijuana. If marijuana was legalized, it would be taken off the streets and out of the hands of young teenagers. The regulation of it would allow easy purchase for adults, take away of business for organized crime and money to the government from taxes. It would be the safer, smarter alternative for our countries economic growth and the well being of our young Canadians, the countries future.

Thank you.
yours truly,

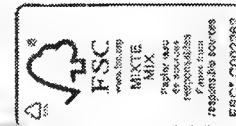
N.S.

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2015 DEC 10 A 10:07

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s.19(1)



N.H.
CANADA

Justice Minister Wilson
- Raymond
c/o House of Commons
Ottawa,

CANADA

K1A 000094

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

s.19(1)

Minister's File:150017 2015-015813

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

Dec 9, 2015

KB

R15-015813

MCUED3 150017

Hello [REDACTED]

NS.

I am writing to give you my views on
legalizing marijuana.

I think that Canada should legalize marijuana. At
one point alcohol was frowned upon and now it is
sold in stores. The same should happen to marijuana
as it is harmless in a recreational environment.

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2015 DEC 18 A 10:07

RECEIVED/REÇU

Thank you
yours truly,
[REDACTED]

s.19(1)



N.S.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,

CANADA

KIA
000098

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015815

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

As you may know, I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

Dec 9, 2015

R15-015815- KB

MCUED3 150017

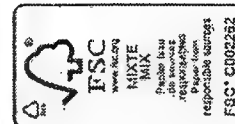
Hello [REDACTED]
[REDACTED]

I am Writing to give you my Views
ON legalising marijuana

I don't think we should ~~legalise~~
legalise marijuana because it encourages crime
and drug dealers to try and compete against
the gov for selling it, and I don't think
it would be smart it looks bad in my
mind I don't support drugs.

thank you
yours truly
[REDACTED]

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
2015 DEC 18 A 10:07
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s.19(1)

N.H.
CANADA

Justice Minister Wilson
- Raymond
c/o House of Commons
Ottawa,
CANADA

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

s.19(1)

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015816

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

December 9th, 2015

R15-015816

KB

MCUED3

Hello, [REDACTED]

, NS.

150017

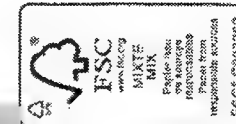
I am writing to give my views on the legalization of marijuana.

I think the legalization of marijuana is an excellent idea. I believe that if legalized, it has the potential to remove alot of drug violence in the streets, and create alot of money for the government as they can tax it. I strongly think that when it comes to the legalization of marijuana, the Pro's outweigh the Cons.

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
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Thank you,
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

NS



s.19(1)

N.S.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,

CANADA KIA 000106

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015831

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

Dec. 9 2015

KB

R15-015831

MCUED3 150017

Hello,

Nova Scotia.

I am writing to give my views on
the legalization of Marijuana.

I believe that with the legalization of
cannibis, the Canadian economy would greatly benefit.
If we used similar regulations to Colorado, USA,
the taxes earned would help the Canadian economy
bounce back. Not only would it earn money for the
country, it would also reduce the amount of
people incarcerated, thus helping get rid of
the overcrowding in our prisons.

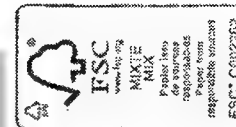
Thank you.

Yours truly,

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2015 DEC 10 A 10 06

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE



s.19(1)

N.S.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,
CANADA KIA

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015834

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

December, 9th 2015

KB

R15-015834

MCUED3

150017

Hello,

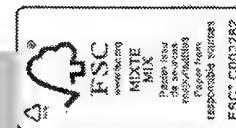
I am writing to express my views on marijuana in Canada.

I believe that marijuana shouldn't be illegal. It could provide jobs and be monitored to make the drug itself safer. The monitoring will prevent the drug from being laced with harmful and more potent drugs. This could also lower crime rates by lowering the trafficking and selling of marijuana on the streets.

Thank You,

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
2015 DEC 18 A 10
RECEIVED/REÇU

s.19(1)



N.S.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,
CANADA KIA

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015846

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

s.19(1)

Dec. 9, 2015

Hello,

Nova Scotia.

RIS-015846

KB

MCUED3

150017

I am writing to give my views on Legalizing marijuana. I don't smoke, never have and never will but I think legalizing it will lower the crime rate alot in Canada.

I think selling it in some stores would controll th amount being grown and sold buy drug dealers. I think the amount of robbery's would drop to.

Thank you
Yours Truly,

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
2015 DEC 18 A 10:06
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, NOVA SCOTIA

s.19(1)



N.S.
CANADA

Justice Minister Wilson
- Raybould

c/o House of Commons

Ottawa,

CANADA

KIA 000118

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015849

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007/md

s.19(1)

R15-015849 ^{K3}

MCUED3

150017

Dec. 9th, 2015

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2015 DEC 18 A 10:06

RECEIVED/REÇU

Hello,



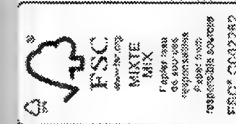
I am writing to give you my
views on legalization of
marijuana.

I think marijuana is a great
way to free your mind. Stress can
be a huge problem to some people
and I think relaxing and smoking a
gram or two, can help reduce some
of your stress. It can make you
more settle with things. Also I've
never heard of anyone actually
dying from weed. In some cases
people are getting better. That is
another great reason why it should
be legal. Thank-you.

Sincerely,



s.19(1)



N.S.
CANADA

Justice Minister Wilson
- Raybould

c/o House of Commons

Ottawa,

CANADA

KIA 000122

s.19(1)

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

Minister's File: 150017 2015-015851

NS

Dear [REDACTED]

Thank you for your correspondence of December 9, 2015, concerning the legalization of marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

It may interest you to know that I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

P.Thaker(948-3007)/md

Dec. 9, 2015

KB

s.19(1)

R15-015851

MCUED3

150017

Hello,

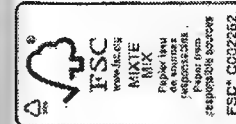


I am writing to give you my views on
legalization of marijuana.

I think marijuana helps a lot of people dealing
with stress, and a lot of their own personal
issues. I also think legalizing this will
help lower crime rates.

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
2015 DEC 18 A 10:05
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N.S.
CANADA

Justice Minister Wilson
- Raybould
c/o House of Commons
Ottawa,

CANADA

KIA
000126

Question Period Note

IMPAIRED DRIVING

ISSUE:

How and when will the Government address the electoral commitment to increase sentences for drug impaired driving (in the context of legalizing marijuana)?

PROPOSED RESPONSE:

- **Our Government is committed to addressing the significant impact impaired driving has on the safety of our roads and highways.**
- **The *Criminal Code* contains a comprehensive regime to address impaired driving, including drug impaired driving.**
- **Our Government is committed to ensure that those who drive while impaired by drugs will be subject to stronger laws and we are examining ways to improve the ability to detect and prosecute drug impaired driving.**

If asked about former Bill C-73, the Dangerous and Impaired Driving Act introduced by the previous government:

- **I am aware of the previous government's Bill to address impaired driving. We agree that impaired driving is a significant concern to all Canadians and are committed to ensuring the safety of our roads and highways.**

BACKGROUND:

The Government's platform committed to stronger laws on drug impaired driving in the context of legalizing marijuana.

Impaired driving – general

Impaired driving continues to kill and injure more Canadians than any other crime. In 2013, Canadian police reported 78,391 incidents of impaired driving, an 8% decline from 85,149 incidents in 2012. In 2013, 97% of impaired driving incidents involved alcohol and 3% involved drugs.

In 2011, impaired driving was the most common offence of cases completed in adult criminal court (48,000 or 12%) and had the greatest proportion of guilty verdicts (84%), with 8% resulting in imprisonment. These cases took more court time and they took longer to complete than other cases: 24% took one year to complete compared to 17% for other offences.

Drug impaired driving has been an offence since 1925, but proving the offence has always been a challenge. In 2008, the *Tackling Violent Crime Act* provided police with improved investigative tools to target drug impaired drivers. These include standard field sobriety tests at the roadside, followed by drug recognition evaluation at the police station. This program has had a positive impact, but many challenges remain (e.g., the high turnover rate for specially trained drug recognition officers).

Stakeholders

Key stakeholders include Mothers Against Drunk Driving (MADD) and the Canadian Association of Chiefs of Police (CACP). Both groups have called for significant reform to the impaired driving regime of the *Criminal Code*, including the addition of road side oral fluid screening and legal limits for drugs as are currently in force in Australia, the United Kingdom, and many American states.

MADD has also called for Random Breath Testing (RBT) for alcohol which has reduced impaired driving in Australia, New Zealand, and the European Union. Under RBT, the driver must provide a breath sample in an approved screening device at road side without the officer needing to suspect alcohol in the driver's body). In a press release issued on October 22, 2015, MADD supported the measures proposed in former Bill C-73, the *Dangerous and Impaired Driving Act*, that would have limited technical defences and mandatory breath testing of all drivers involved in a crash. Bill C-73, was introduced on June 16, 2015, and died on the Order Paper with the dissolution of Parliament for the federal election.

Parliamentary involvement on impaired driving

In June 2009, the House of Commons Standing Committee on Justice and Human Rights studied the issue of impaired driving. In its report, *Ending Impaired Driving: A Common Approach*, the Committee made 10 recommendations, many of which required legislative reform. Following that Report, the Government engaged in public consultations on the recommendations as well as consultations with federal/provincial/territorial (FPT) ministers responsible for Justice and Public Safety.

CONTACTS:

Prepared by:

Greg Yost, Counsel, Criminal Law Policy
Section

Joanna Wells, Counsel, Criminal Law Policy
Section

Tel. N°:

613-941-4126

613-957-4688

Approved by:

Carole Morency, Director General
and Senior General Counsel,
Criminal Law Policy Section

Tel. N°:

613-941-4044

Minister of Justice
and Attorney General of Canada



Ministre de la Justice
et procureur général du Canada

Ottawa, Canada K1A 0H8

DEC 15 2015

Minister's File: 270801 15-014034

Ms. Sheila Malcolmson, M.P.
House of Commons
Ottawa ON K1A 0A6

Dear Ms. Malcolmson:

Thank you for your correspondence of November 20, 2015, concerning medical cannabis dispensaries.

At the outset, I would like to thank you for your kind words on the occasion of my appointment as Minister of Justice and Attorney General of Canada. I consider it an honour and a privilege to assume the responsibilities of this position. I can assure you that I will work with great determination and enthusiasm to address the concerns of Canadians. I am committed to meeting the challenges at hand, ensuring that Canadians have confidence in our justice system.

Responsibility for the RCMP rests with my colleague the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, while the issue of medical marijuana falls within the purview of my colleague the Honourable Jane Philpott, Minister of Health. I note that you have also addressed your correspondence to Minister Goodale. I have therefore taken the liberty of forwarding a copy of your correspondence to Minister Philpott for her information and consideration. While I appreciate being made aware of your concerns, I will leave this matter to be considered by Ministers Goodale and Philpott.

Thank you again for writing.

Respectfully,

Original signed by
Original signé par

The Honourable Jody Wilson-Raybould, P.C., M.P.

c.c.: The Honourable Jane Philpott, P.C., M.P.
Minister of Health

D.Blonde(716-5450)/ce

s.19(1)

D15-014034
MCUED2

Ministerial Correspondence Unit - Justice Canada

From: Lafleur, Eric
Sent: 2015-Nov-26 1:58 PM
To: Ministerial Correspondence Unit - Justice Canada
Cc: Bisson, Louise
Subject: FW: Fwd: Delay in Nanaimo dispensary enforcement

270801

MCU

Please action the below correspondence for a response. Note - it is from an MP.

Eric Lafleur
Departmental Advisor
Office of the Minister of Justice and Attorney General of Canada
(613) 992-6519

From: Malcolmson, Sheila - [REDACTED]
Date: November 20, 2015 at 11:50:12 PST
To: Goodale, Ralph [REDACTED], Wilson-Raybould, Jody - [REDACTED]
Cc: Rankin, Murray [REDACTED], Christopherson, David - [REDACTED]
Subject: Delay in Nanaimo dispensary enforcement

Dear Ministers Wilson-Raybould and Goodale; congratulations on your election and your ministerial appointments. I very much look forward to working with you.

Having heard from many concerned citizens in my riding, I would like you to delay enforcement against Nanaimo medical marijuana dispensaries.

With the greatest respect for the RCMP's responsibilities and autonomy, and with appreciation that there may be public safety considerations I am not aware of, I request a delay in enforcement.

A delay in the enforcement order could have three benefits.

It could reduce anxiety on the part of medical marijuana patients, so that they will continue to have access to prescribed medicine, particularly in edible form, and have time to make alternate arrangements.

It could allow time to clarify the new federal government's approach, which is widely expected to have changed in the wake of last month's election.

And it could ensure more efficient use of enforcement resources, so that police and court costs are not applied to enforcing Conservative rules that are about to change under the Liberal government.

I appreciate your consideration of my suggestion, and ask that you clarify your approach for me.

With thanks,

Sheila Malcolmson
Nanaimo-Ladysmith's Member of Parliament

With copy to my two NDP colleagues with critic responsibilities for your ministries, for information only.

s.19(1)



Centre for Addiction and Mental Health
100 Stokes Street
Toronto, ON M6J 1H4
www.camh.ca

Centre de toxicomanie et de santé mentale
100, rue Stoke
Toronto, ON M6J 1H4
www.camh.ca/fr

File-000488
CS-MS-MLU
100006

December 15, 2015

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

The Honourable Jane Philpott, P.C., M.P.
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

2015 JAN -6 P 3:34

RECEIVED/REÇU

✓ The Honourable Jody Wilson-Raybould, P.C., M.P.
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, ON K1A 0A6

The Honourable Ralph Goodale, P.C., M.P.
Minister of Public Safety
House of Commons
Ottawa, ON K1A 0A6

Dear Ministers:

Congratulations again on your appointments.

The Centre for Addiction and Mental Health (CAMH) is pleased that your government is working towards the legalization and regulation of cannabis. As you take on this task, we would like to offer our expertise.

As Canada's leading academic health science centre devoted to mental illness and substance use, CAMH is in the unique position of having world-class expertise on both the physiological and epidemiological aspects of cannabis use. In 2011 a CAMH-led team published the Lower-Risk Cannabis Use Guidelines, which are designed to help Canadians moderate their exposure to the risks of cannabis use. In 2014 we released the CAMH Cannabis Policy Framework, which outlines an evidence-based, health-focused regulatory framework for the sale of cannabis. The Framework was developed by an interdisciplinary team of world-renowned CAMH scientists and clinicians. We believe it provides a model for Canadian cannabis policy that would result in a net benefit to public health and safety.

I understand that you will soon be striking a task force to work on these issues. I would welcome the opportunity to discuss how CAMH can share its expertise during this process.

Sincerely,



\attachments

LITERATURE REVIEW

Lower Risk Cannabis Use Guidelines for Canada (LRCUG): A Narrative Review of Evidence and Recommendations

More than 10% of the general adult population in Canada report use (largely recreational) of cannabis in the past year, the highest use rate of any illegal drug.¹ Use rates among adolescents and young adults (i.e., 16-29 years of age) range from 26-46%. While cannabis use – like all psychoactive substance use – is associated with possible harms, it is currently governed by a policy of categorical prohibition in Canada.² Specifically, the current Controlled Drugs and Substances Act (CDSA) makes 'simple cannabis possession' a criminal offense; 45,000 Canadians (or 1-2% of all estimated past-year users) are arrested annually for this offense.³ Similarly, current prevention and treatment efforts predominantly aim at abstinence.

The policy approach to cannabis is fundamentally different from current approaches to other popular drugs like alcohol, where a public health approach instead focuses on high-risk users, risky use practices and settings, and especially on modifiable risk factors, to reduce harms to individuals and society.⁴ Given that the majority of harms related to cannabis use appear to occur in selected high-risk users or in conjunction with high-risk use practices, a similar public health-oriented approach to cannabis use should be considered.⁵ Such an approach would rely on targeted and health-oriented interventions mainly aimed at those users at high risk for harms, and not criminalization of use – and its limited effectiveness and undesirable side-effects – as the main intervention paradigm, therefore increasing benefits for society.² Recent surveys consistently show that a majority of Canadians (i.e., >50%) support the decriminalization of personal cannabis use.⁶

An important educational tool in a public health-oriented alcohol policy are so-called 'Low Risk Drinking Guidelines'.⁷ These use scientific evidence to provide guidelines on practices or patterns of

alcohol use that substantially reduce the risks of experiencing acute and long-term harms.⁷ Similarly, below we summarize data on key modifiable factors that may influence harmful outcomes from cannabis use, with a view to formulating 'Lower Risk Cannabis Use Guidelines' (LRCUG) as an evidence-based public health policy tool to reduce harms from (non-medical) cannabis use in the Canadian population.

Early onset of use

Longitudinal studies suggest that early onset of cannabis use (e.g., <16 years) is associated with a higher likelihood of a variety of problems. For example, Lynskey followed a sample of 1,601 high school students, and found that early regular cannabis use (weekly use at age 15) increased the risk of early school leaving.⁸ In a New Zealand birth cohort of 1,003 young people, cannabis use at early age was significantly associated with multiple adverse outcomes in later life, including lower rates of university degree completion.⁹

Author Affiliations

1. Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University, Vancouver, BC
2. Centre for Addiction and Mental Health, Toronto, ON
3. University of Queensland Centre for Clinical Research, Queensland, Australia
4. School of Population Health, University of Melbourne, Melbourne, Australia; AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Victoria, Australia
5. Dalla Lana School of Public Health and Department of Psychiatry, University of Toronto, Toronto, ON

Correspondence: Dr. Benedikt Fischer, Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University, 2400-515 West Hastings Street, Vancouver, BC V6B 5K3, Tel: 778-782-5148, Fax: 778-782-7768, E-mail: bfischer@sfu.ca

Acknowledgements: The authors acknowledge research funding support from the Canadian Institute of Health Research (CIHR), the Michael Smith Foundation for Health Research (MSFHR), and the Ontario Ministry of Health and Long-Term Care for salary support for CAMH-affiliated authors. Wayne Hall is funded by an NHMRC Australia Fellowship.

Conflict of Interest: None to declare.

**Pages 133 to / à 135
are withheld pursuant to section
sont retenues en vertu de l'article**

68(a)

**of the Access to Information Act
de la Loi sur l'accès à l'information**



Centre for Addiction and
Mental Health
1001 Queen St. West
Toronto, Ontario
Canada M6J 1H4
Tel: 416.535.8501
www.camh.ca

CANNABIS POLICY FRAMEWORK

October 2014

*A PAHO / WHO
Collaborating Centre*

*Fully affiliated with the
University of Toronto*

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Executive summary

Cannabis is a favourite recreational drug of Canadians, along with alcohol and tobacco. Like those drugs, cannabis (popularly known as marijuana) is associated with a variety of health harms. Unlike those drugs, cannabis is illegal, prohibited under the same federal and international drug statutes as heroin and cocaine.

The landscape of cannabis policy is changing. The Netherlands, Portugal, and more recently Uruguay and US states Colorado and Washington have reformed their approach to cannabis control. Here in Canada, changes to the rules of the federal Medical Use of Marijuana program are expected to lead to an increase in the number of registered users over the next few years. Public support for reform of Canada's cannabis laws continues to grow. Meanwhile, we continue to improve our understanding of the health risks of cannabis use.

As Canada's leading hospital for mental illness, the Centre for Addiction and Mental Health (CAMH) offers evidence-based conclusions about cannabis and measures aimed at reducing harm. CAMH has reviewed the evidence on cannabis control and drawn the following conclusions:

- Cannabis use carries significant health risks, especially for people who use it frequently and/or begin to use it at an early age.
- Criminalization heightens these health harms and causes social harms.
- A public health approach focused on high-risk users and practices – similar to the approach favoured with alcohol and tobacco – allows for more control over the risk factors associated with cannabis-related harm.

From these conclusions follows another:

- Legalization, combined with strict health-focused regulation, provides an opportunity to reduce the harms associated with cannabis use.

This approach is not without risks. A legal and unregulated or under-regulated approach may lead to an increase in cannabis use. Finding the right balance of regulations and effectively implementing and enforcing them is the key to ensuring that a legalization approach results in a net benefit to public health and safety while protecting those who are vulnerable to cannabis-related harms.

CAMH neither makes a moral statement on cannabis nor encourages its use. Despite the prohibition of cannabis, more than one third of young adults are users, and our current approach exacerbates the harms. It's time to reconsider our approach to cannabis control.

What we know

Cannabis is the most commonly used illegal drug in Canada

Canada has one of the highest rates of cannabis use in the world. More than 40% of Canadians have used cannabis in their lifetime and about 10% have used it in the past year.¹ No other illegal drug is used by more than 1% of Canadians every year.²

Population surveys in Ontario³ indicate that 14% of adults and 23% of high school students used cannabis in 2013. As shown in the table below, men are nearly 50% more likely to be past-year users than women. Cannabis use is most common among adolescents and young adults, but half of the province's users are age 30 or older. Between 1997 and 2005, cannabis use among adults trended upward – particularly among 18 to 29 year-olds – but has levelled off since then. Among high school students there has been a steady and significant decrease in past-year use since 2003.

CANNABIS USE IN ONTARIO: percentage of the population using cannabis in the past year⁴

	1997	2001	2005	2009	2013
General population (age 18+)	9.1	11.2	14.4	13.3	14.1
By gender					
• Men	11.4	15.4	18.8	17.4	17.6
• Women	7.0	7.3	10.3	9.5	10.8
By age					
• Grades 7-12	28.0*	28.6	26.5	25.6	23.0
• Age 18-29	21.4	26.8	38.2	35.8	40.4
• Age 30-39	9.8	15.8	16.9	12.9	17.3
• Age 40-49	4.3	7.2	10.8	11.7	8.4
• Age 50+	1.7	3.3	2.6	4.7	5.9

* figure from 1999

¹ Health Canada, 2013

² Health Canada, 2013

³ Ialomiteanu et al., 2012; Ialomiteanu et al., 2014; Boak et al., 2013

⁴ All data Ialomiteanu et al., 2012, except Grades 7-12 (Boak et al., 2013) and general population data for 2013 (Ialomiteanu et al., 2014)

60% of past-year adult cannabis users in Ontario use it at least once a month,⁵ and about 27%, or nearly 4% of the total adult population, use it every day.⁶ From other jurisdictions we know that a small proportion of cannabis users is responsible for the bulk of consumption; it is estimated that 20% of users account for 80-90% of consumption.⁷

Most people who use cannabis do not use other illegal drugs, and cannabis use alone does not increase the likelihood that a person will progress to using other illegal substances.⁸

Public opinion on cannabis control has shifted considerably in the past decade. Ten years ago about half of Canadians believed cannabis use should be decriminalized or legalized; today, about two thirds of Canadians hold this view.⁹

Cannabis use carries health risks

Cannabis is not a benign substance. Its health harms increase with intensity of use. Particularly when used frequently (daily or near-daily), cannabis is associated with increased risk of problems with cognitive and psychomotor functioning, respiratory problems, dependence, and mental health problems.

Problems with cognitive and psychomotor functioning

Cannabis use is known to negatively affect memory, attention span, and psychomotor performance. Frequent use may reduce motivation and learning performance, and work or study can be negatively affected as a result.¹⁰ In adults, these changes are not generally permanent; effects usually dissipate several weeks after use is discontinued.

Most significant from a public health perspective is the impact of cannabis use on the skills necessary for safe driving and the substantial increase of risk of motor-vehicle accidents.¹¹ In Ontario, an estimated 9% of licensed drivers aged 18 to 29 and 10% of those in grades 10 to 12 report having driven within an hour of using cannabis in the past year.¹² Rates of cannabis-impaired driving exceed rates of alcohol-impaired driving for both age groups. Although the accident risk associated with cannabis-impaired driving is significantly lower than that of alcohol-impaired driving, it is a serious concern: motor-vehicle accidents due to impaired driving are the main contribution of cannabis to Canada's burden of disease and injury.

⁵ Ialomiteanu et al., 2014

⁶ Health Canada, 2013

⁷ Room et al., 2010

⁸ Room et al., 2010

⁹ *National Post*, 2013; *Ottawa Citizen*, 2014

¹⁰ Block et al., 2002; Pope et al., 1996

¹¹ Hartman and Huestis, 2013; Hall and Degenhardt, 2009

¹² Ialomiteanu et al., 2012; Boak et al., 2013

Respiratory problems

Like tobacco, cannabis smoke contains tar and other known cancer-causing agents. Regular, long-term cannabis smoking is linked to bronchitis and cancer.¹³ Cannabis smokers often hold unfiltered smoke in their lungs for maximum effect, which adds to these risks. About half of past-year users also smoke tobacco and it is likely that tobacco smoking contributes greatly to – or is the primary cause of – many of these respiratory problems.¹⁴

Dependence

About 9% of cannabis users develop dependence.¹⁵ People who develop cannabis dependence may have difficulty quitting or cutting down and may persist in using it despite negative consequences; those who stop suddenly may experience mild withdrawal symptoms including irritability, anxiety, upset stomach, loss of appetite, disturbed sleep, and depression.¹⁶ Long-term frequent users have a higher risk of dependence than occasional users. By way of comparison, the estimated probability of developing dependence is 68% for nicotine, 23% for alcohol, and 21% for cocaine.¹⁷

Mental health problems

Frequent cannabis use has been found by many studies to be associated with mental illness.¹⁸ It is thought to increase the likelihood of mental illness in people with a pre-existing vulnerability to it and to exacerbate symptoms in people already experiencing mental illness.¹⁹ Even occasional use can increase these risks: it has been estimated that cannabis users have a 40% higher risk of psychosis than non-users.²⁰ Frequent users have an even higher risk – 50% to 200% higher than non-users – indicating a possible dose response. High-potency cannabis – that is, cannabis with a high concentration of tetrahydrocannabinol (THC), the main psychoactive component of cannabis – places users at higher risk of mental health problems than low-potency cannabis.²¹ This association between cannabis use and mental illness is robust but not yet well understood. Causality has not been determined.²²

¹³ Tetrault et al., 2007

¹⁴ Fischer et al., 2011

¹⁵ Lopez-Quintero et al., 2011

¹⁶ Anthony, 2006; Kalant, 2004

¹⁷ Lopez-Quintero et al., 2011

¹⁸ For a summary see Volkow et al., 2014, and Fischer et al., 2011.

¹⁹ McLaren et al., 2009; Hall et al., 2004

²⁰ Moore et al., 2007

²¹ Di Forti et al., 2009

²² McLaren et al., 2009

Cannabis-related harm is concentrated among a limited group of high-risk users

At the levels and patterns of use reported by most adult cannabis users, the health risks are modest – significantly lower than tobacco or alcohol. The table below lists the estimated intrinsic or inherent risks of six different drugs, rated along different dimensions of harm on a scale of 0 to 100 (with 100 representing the highest risk):²³

	Alcohol	Tobacco	Cannabis	Amphe- tamines	Heroin	Cocaine/ Crack
Lethality*	50	0	0	20	100	22.5
Damage to physical health	80	100	20	30	20	40
Impairment of mental functioning	65	0	30	60	30	80

* Expressed as ratio of lethal dose and standard dose

The health risks of cannabis increase significantly with intensity of use; frequency of use is a strong predictor of cannabis-related harms.²⁴ Problems with cognitive, psychomotor, and respiratory functioning, as well as dependence and mental health problems, are all concentrated among people who use cannabis daily or near-daily – an estimated 20-30% of users.

There is also a strong and growing body of evidence that regular cannabis use in adolescence can seriously harm the developing brain. Early regular cannabis use is associated with low levels of educational attainment, diminished life satisfaction, higher likelihood of developing cannabis use disorder, and increased risk of developing mental health problems.²⁵ Several studies have suggested that cannabis use before the age of 18 increases the risk of developing schizophrenia.²⁶ And while the cognitive problems associated with regular cannabis use diminish after about a month of non-use for adults, these effects may not be reversible in adolescent users.²⁷ These findings are of concern, given that about 3% of Ontario's high school students – an estimated 26,000 adolescents – use cannabis daily.

In 2011, a team led by Dr. Benedikt Fischer and Dr. Jürgen Rehm of CAMH developed and published a set of lower-risk cannabis use guidelines (LRCUG).²⁸ Noting that cannabis-related harm is mainly concentrated among a limited sub-group of users who use cannabis heavily and/or began to use it at an early age, and that these risk factors are potentially modifiable, the authors recommended these guidelines as a way of reducing the harms of cannabis use at an individual and a population level. Modelled on the example of low-risk drinking guidelines that

²³ Nutt et al., 2010

²⁴ Fischer et al., 2011

²⁵ For a summary see Volkow et al., 2014, and Fischer et al., 2011.

²⁶ For a summary see Lynch et al., 2012.

²⁷ Porath-Waller, 2009

²⁸ Fischer et al., 2011

have been introduced in Canada and elsewhere, this proposal for LRCUG can be summarized as follows:

Although abstinence is the only way to completely avoid the health risks of cannabis use, for those who do use it, the risks are expected to be reduced if:

- use is delayed until early adulthood
- frequent (daily or near-daily) use is avoided
- users shift away from smoking cannabis towards less harmful (smokeless) delivery systems such as vaporizers
- less potent products are used, or THC dose is titrated
- driving is avoided for 3 to 4 hours after use, or longer if needed
- people with higher risk of cannabis-related problems (e.g. people with a personal or family history of psychosis, people with cardiovascular problems, and pregnant women) abstain altogether

These guidelines have been endorsed by a number of organizations including CAMH and the Canadian Public Health Association (CPHA) as an educational means of reducing high-risk cannabis uses and practices.

Criminalization of cannabis use causes additional harms, without dissuading it

In Canada criminal law governs the production and possession of cannabis via the Controlled Drugs and Substances Act (CDSA). Recreational cannabis users must either buy it on the black market or grow it themselves, both of which constitute production / trafficking offenses under the CDSA. This prohibition introduces individual and social costs beyond the health risks.

Around 60,000 Canadians are arrested for simple possession of cannabis every year, accounting for nearly 3% of all arrests.²⁹ The maximum sentence for first-time offenders is a \$1,000 fine and six months in jail. At least 500,000 Canadians carry a criminal record for this offense, which can significantly limit a person's employment opportunities and place restrictions on their ability to travel.³⁰ The enforcement of cannabis laws is very costly: for 2002, the annual cost of enforcing cannabis possession laws (including police, courts, and corrections) in Canada was estimated at \$1.2 billion.³¹

²⁹ Statistics Canada, 2013

³⁰ Erickson and Fischer, 1995

³¹ Rehm et al., 2006

The prohibition of cannabis and criminalization of its users does not deter people from consuming it. The evidence on this point is clear: tougher penalties do not lead to lower rates of cannabis use.³² In jurisdictions like Canada where cannabis use is prohibited, large proportions of the population use it nonetheless – often at higher levels than jurisdictions with more relaxed cannabis control regimes – exposing themselves to criminality and risking being caught up in the criminal justice system. People who are already vulnerable are affected disproportionately; evidence suggests that “police often use the charge of cannabis possession as an easy way of harassing or making life difficult for marginalized populations.”³³

Legal reform of cannabis control is needed

All available evidence indicates that criminalization of cannabis use is ineffective, costly, and constitutes poor public policy. This viewpoint is far from new, having notably been articulated in Canada by the federal government’s Le Dain Commission in 1972, the Senate in 1974, the Canadian Bar Association in 1994, the Canadian Centre on Substance Abuse in 1998, CAMH in 2000, the Fraser Institute in 2001, the Senate Special Committee on Illegal Drugs in 2002, the Canadian Drug Policy Coalition in 2013, and the Canadian Public Health Association in 2014. The case for change generally rests on four evidence-based propositions:³⁴

- 1) Prohibition has not succeeded in deterring cannabis use.
- 2) The risks and harms of cannabis are lower than those of tobacco or alcohol.
- 3) Cannabis can and should be separated from illicit drug markets, in which users are exposed to other (more dangerous) illegal drugs.
- 4) The resources spent enforcing laws against personal cannabis use are better allocated elsewhere.

It is clear from the evidence that Canada needs legal reform in order to implement a public health approach to cannabis that reduces its harms to individuals and society.

³² Room et al., 2010

³³ Room et al., 2010: 72

³⁴ Room et al., 2010

Why legalize and regulate?

In Canada the government's approach to substance use has been that it's mainly a criminal justice issue. Cannabis and other drugs are viewed through a law enforcement lens. There's no disputing that cannabis use can, in some cases and for some people, be harmful. It does not follow that prohibition is the most sensible or healthy policy. As Room et al. point out, "In modern societies, a finding of adverse effects does not settle the issue of the legal status of a commodity; if it did, alcohol, automobiles, and stairways, for instance, would all be prohibited, since use of each of these results in substantial casualties."³⁵

A public health approach to substance use treats it as a health issue – not a criminal one. Such an approach is based on evidence-informed policy and practice, addressing the underlying determinants of health and putting health promotion and the prevention of death, disease, injury, and disability as its central mission.³⁶ It seeks to maximize benefit for the largest number of people through a mix of population-level policies and targeted interventions. This philosophy guides Canadian approaches to alcohol and tobacco, and it should guide our approach to cannabis as well:

"The [current] policy approach to cannabis is fundamentally different from current approaches to other popular drugs like alcohol, where a public health approach instead focuses on high-risk users, risky use practices and settings, and especially on modifiable risk factors, to reduce harms to individuals and society. Given that the majority of harms related to cannabis use appear to occur in selected high-risk users or in conjunction with high-risk use practices, a similar public health-oriented approach to cannabis use should be considered. Such an approach would rely on targeted and health-oriented interventions mainly aimed at those users at high risk for harms, and not criminalization of use – and its limited effectiveness and undesirable side effects – as the main intervention paradigm, therefore increasing benefits for society."³⁷

With a wide range of options for reforming cannabis control, the question before us is this: What legal and regulatory approach can best reduce the risks of health and social harms associated with cannabis use? For a detailed discussion of the range of possible reforms both within and beyond the current international drug regime, see Room et al., 2010. This section will discuss decriminalization (i.e. prohibition with civil rather than criminal penalties) and legalization with strict regulation – and why the evidence favours the latter.

³⁵ Room et al., 2010: 15

³⁶ Canadian Public Health Association, 2014

³⁷ Fischer et al., 2011: 324

Decriminalization: a half measure

Models of cannabis decriminalization vary greatly, but generally they involve removing possession of small amounts of cannabis from the sphere of criminal law. Prohibition remains the rule, but sanctions for possession and use of cannabis instead become civil violations punishable by a small fine.

Evidence suggests that a decriminalization approach can reduce some of the adverse social impacts of criminalization.³⁸ Removing criminal penalties for cannabis possession should result in a reduction in both the number of people caught up in the criminal justice system and the cost of enforcement, thus reducing the burden to individuals and to the legal system. There is little evidence that decriminalization causes an increase in the consumption of cannabis or the prevalence of cannabis dependence.³⁹

In Portugal, possession and use of all drugs have been decriminalized since 2001. The Portuguese model focuses on diversion: drug use is formally prohibited but authorities refer users to a three-person panel whose primary aim is to direct people with substance use problems to treatment. These panels are also empowered to apply civil penalties such as fines. Since the implementation of this system, Portugal has seen declines in substance misuse and in drug-related harm, a reduced burden on the criminal justice system, and a reduction in the use of illicit drugs by adolescents.⁴⁰ Although it is not possible to conclusively attribute these trends in Portugal to the shift to decriminalization and diversion, these findings present a strong challenge to the notion that decriminalizing drugs – whether cannabis or others – must result in increased misuse, dependence, and harm.

These advantages of decriminalization are significant. But this model fails to address several of the harms associated with prohibition of cannabis use:

- Under decriminalization, cannabis remains unregulated, meaning that users know little or nothing about its potency or quality.
- As long as cannabis use is illegal, it is difficult for health care or education professionals to effectively address and help prevent problematic use. The law enforcement focus of prohibition drives cannabis users away from prevention, risk reduction and treatment services.
- Decriminalization may encourage commercialization of cannabis production and distribution – without giving government additional regulatory tools. Those activities remain under the control of criminal elements, and for the most part users must still obtain cannabis in the illicit market where they may be exposed to other drugs and to criminal activity.

³⁸ Room et al., 2010

³⁹ Room et al., 2010

⁴⁰ Hughes and Stevens, 2010

The experiences of jurisdictions that have decriminalized cannabis possession also suggest that there can be unintended consequences. In many such places the advantages of decriminalization have been undermined by “police practices that increase the number of users who are penalized.”⁴¹ This phenomenon is referred to as “net widening”: “more people are getting caught up in the enforcement net, even if they suffer less serious consequences on average.”⁴² In addition, fines are a regressive penalty in the sense that they place a disproportionate burden on low-income individuals. There is a risk of “secondary criminalization” if people who are unable to pay a fine are then charged criminally.⁴³ Thus the main theoretical benefit of decriminalization – a reduction in adverse social impacts – is unlikely to be equally spread through society.

Following the publication of the results of the Commission on Social Determinants of Health in 2008, the World Health Organization has placed a high emphasis on health equity and has made a commitment to implementing a Social Determinants of Health approach to reducing health inequities.⁴⁴ This involves the routine examination and evaluation of whether health policy measures are not only effective in reducing a jurisdiction’s health burden, but also in reducing health inequities.⁴⁵ In this context, any policy change for cannabis should be examined on its potential to reduce or increase health inequity. The current system of cannabis control in Canada causes high levels of inequity, with racialized minorities having a higher chance of being arrested and prosecuted for cannabis use offences.⁴⁶ Decriminalization, being prone to police discretion and to racial profiling, is unlikely to remove or improve this inequity.

The unintended consequences of decriminalization are particularly important in view of a model proposed by the Canadian Association of Chiefs of Police (CACP) in August 2013. Police would be given the option to issue a ticket under the Controlled Drugs and Substances Act for possession of small amounts of cannabis, but would also retain the ability to lay criminal charges under the Act. According to the CACP, this proposal would “expand the range of enforcement options available to more effectively and efficiently address the illicit possession of cannabis while maintaining the ability to lay formal court process charges.”⁴⁷ In view of what we know about the disproportionate targeting of marginalized and vulnerable populations, giving police discretion to apply more or less severe enforcement options for the same offense is unlikely to positively impact health equity.

⁴¹ Room et al., 2010: 127

⁴² Room et al., 2010: 147

⁴³ Room et al., 2010

⁴⁴ Commission on Social Determinants of Health, 2008; see also the Rio Political Declaration on Social Determinants of Health.

⁴⁵ Blas and Kurup, 2010

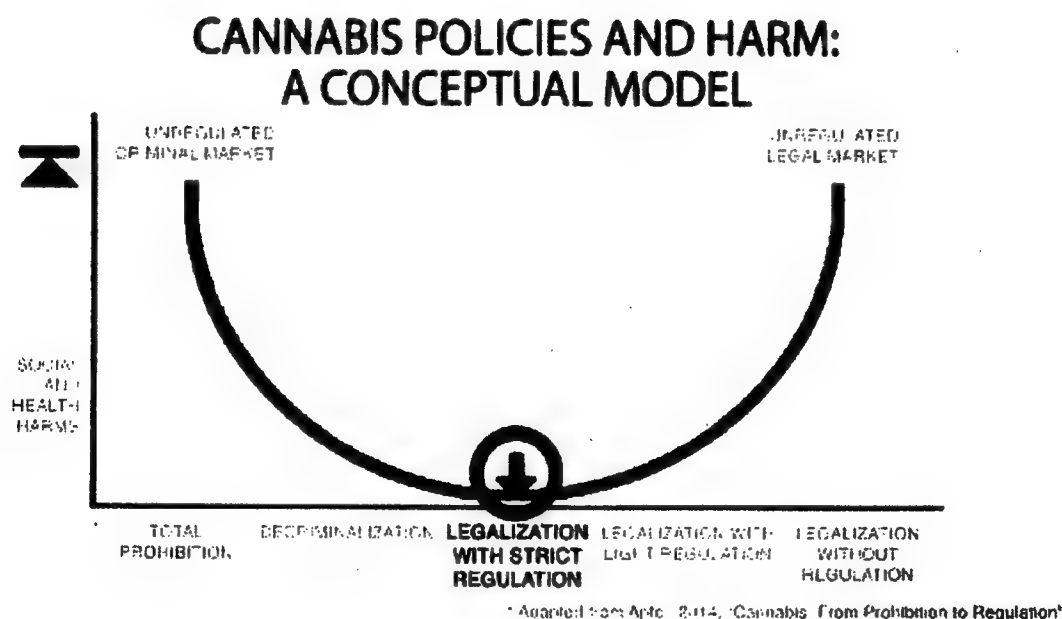
⁴⁶ Wortley and Owusu-Bempah, 2012; Khenti, 2014

⁴⁷ Canadian Association of Chiefs of Police, 2013

Legalization: an opportunity for evidence-based regulation

Legalization removes the social harms and costs of prohibition. Removing criminal and civil penalties for possession of cannabis would eliminate the more than \$1 billion Canada spends annually to enforce cannabis possession laws, unequal enforcement of those laws, involvement of cannabis users in the illicit drug market, and the burden a cannabis-related criminal record places on a person's employment and travel opportunities. In a jurisdiction where cannabis production and distribution are legal and properly regulated, criminal involvement in those activities should shrink significantly and potentially disappear.

Legalization alone does not reduce the health risks and harms of cannabis. It presents governments with the opportunity to *regulate* cannabis to mitigate those risks – something that cannot effectively be done under prohibition or decriminalization. We know from decades of research on tobacco and alcohol control that choosing the right mix of regulations is crucial: "Whether legalization is a net positive or negative for public health and safety largely depends on regulatory decisions and how they are implemented."⁴⁸ The graph below illustrates this point. Both total prohibition and, at the other extreme, unregulated legalization can result in similarly heavy social and health harms.



⁴⁸ Apfel, 2014: 1

Moving from prohibition to regulation

Two legal issues pose challenges to ending prohibition in Canada. First, since cannabis is subject to federal legal controls in Canada, any provincial initiative to reform cannabis policy would first have to be sanctioned by the federal government. Second, Canada is a party to international drug control treaties that prohibit the production and use of cannabis for non-scientific and non-medical purposes. Much like the inclusion of cannabis in Canada's federal drug control laws, the genesis of this international prohibition is best described as a "historical accident;" it was not based on any evidence that the harms of cannabis were sufficient to warrant it or could be effectively managed by it.⁴⁹ While these international treaties are legally binding, countries can opt to denounce elements of treaties they disagree with or push for meaningful treaty reform.⁵⁰ For detailed discussions of these legal questions, as well as possible paths forward, see Room et al. 2010, Room 2013, and Apfel 2014.

Principles to guide health-focused cannabis control

Regulating legal cannabis markets with improved public health as the main objective would be a complex undertaking spanning production, distribution (supply), and consumption (possession and use). From alcohol control we know that strategies to reduce harm must be coordinated and multi-sectoral, with effective controls on availability (e.g. retail location density, hours of sale) and accessibility (e.g. minimum age requirements, price levels) as well as targeted education and health promotion that sensitize the public – particularly vulnerable groups – to harms and risks.⁵¹

CAMH offers ten basic principles to guide regulation of legal cannabis use. These should be considered a starting point – minimum requirements for a public health-focused regulatory framework.

- 1) **Establish a government monopoly on sales.** Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm.
- 2) **Set a minimum age for cannabis purchase and consumption.** Sales or supply of cannabis products to underage individuals should be penalized.
- 3) **Limit availability.** Place caps on retail density and limits on hours of sale.

⁴⁹ Room et al., 2010; Schwartz, 2014

⁵⁰ Room, 2012

⁵¹ See Babor et al., 2010, and Canadian Public Health Association, 2011.

- 4) **Curb demand through pricing.** Pricing policy should curb demand for cannabis while minimizing the opportunity for continuation of lucrative black markets. It should also encourage use of lower-harm products over higher-harm products.
- 5) **Curtail higher-risk products and formulations.** This would include higher-potency formulations and products designed to appeal to youth.
- 6) **Prohibit marketing, advertising, and sponsorship.** Products should be sold in plain packaging with warnings about risks of use.
- 7) **Clearly display product information.** In particular, products should be tested and labelled for THC and CBD (cannabidiol)⁵² content.
- 8) **Develop a comprehensive framework to address and prevent cannabis-impaired driving.** Such a framework should include prevention, education, and enforcement.
- 9) **Enhance access to treatment and expand treatment options.** Include a spectrum of options from brief interventions for at-risk users to more intensive interventions.
- 10) **Invest in education and prevention.** Both general (e.g. to promote lower-risk cannabis use guidelines) and targeted (e.g. to raise awareness of the risks to specific groups, such as adolescents or people with a personal or family history of mental illness) initiatives are needed.

A successful public health approach would embed these policies and interventions in a comprehensive strategy that includes research, knowledge exchange, and evaluation. A portion of government revenues from cannabis should be formally dedicated to these activities.

Potential risks, and how to mitigate them

As discussed above, early initiation and frequent use are the two main factors associated with long-term harm from cannabis. We know that youth are particularly susceptible to cannabis-related harms. A public health-informed cannabis control strategy would include education and prevention measures aimed at curbing potential increases in use as well as risky practices such as impaired driving. Still, the possibility that legalization could lead to higher levels of cannabis use among adolescents and/or an earlier age of onset must be considered. What does the evidence say about the impacts of legalization both among youth and the general population?

Until recently, discussions of legalization were strictly hypothetical, but in 2012 Uruguay and two US states, Colorado and Washington, announced plans to legalize recreational cannabis use. Uruguay has passed legislation intended to make it the first country to legalize and regulate the possession and production of cannabis for personal use. Cannabis has been legally

⁵² For an overview of CBD and a discussion of its potential therapeutic uses, see Izzo et al., 2009.

bought and sold in Colorado and Washington since January and July 2014 respectively but it is too early to draw any firm conclusions about the impact of legalization from their experiences. Neither state has adopted a health-focused regulatory model like the one described above – one with strict controls on availability, marketing, and product potency and formulation.⁵³

The experience of the Netherlands is instructive. Cannabis use remains illegal in the Netherlands but has been tolerated for decades through a system of “coffee shops” that sell small amounts of cannabis. The introduction of *de facto* legalization initially led to an increase in the percentage of youth having used cannabis, but once the government increased its oversight of coffee shops to ensure that there was no advertising and no sales to those under 18 years old, there was a decline in use among youth aged 15 to 24. On balance, the Netherlands’ approach has not been associated with increased use of cannabis at the population level among adults or youth.⁵⁴ There is also evidence that this model has separated cannabis and its users from the “harder” drug markets. Finally, a study comparing cannabis use in Amsterdam and San Francisco (where cannabis is prohibited) did not find a difference between the two cities with respect to age at onset of use, age at the start of regular use and age at the start of maximum use.⁵⁵

On the other hand, we know that increases in alcohol availability are associated with increases in alcohol-related problems. Although cannabis is already easily accessible in Canada, it is possible that a transition to a tightly regulated legal cannabis market could lead to an initial increase in use among the general population and/or particular at-risk groups. This makes rigorous evaluation of any legal reform all the more essential. A government legalizing cannabis use would need to clearly define its priorities and objectives, establish measurable indicators for those objectives, and build in the capacity and flexibility to adjust as needed based on the measured impact of reforms. It should watch for negative unintended consequences and be prepared to alter its course if and when necessary.

Some observers fear that legalization would “send the wrong message” about the risks of cannabis. But rates of cannabis use in Canada suggest that youth are not getting the “right” message. Despite prohibition, 23% of Ontario’s high school students and 40% of young adults use cannabis. A 2013 UNICEF study of 29 wealthy nations found that Canadian youth rank first in cannabis use but third from last in tobacco use – even though cannabis is illegal while tobacco is legal.⁵⁶ In the process they are exposed to illicit drug culture and markets and have little or no reliable information about the potency or quality of the cannabis they consume.

Sending the “right” message about the risks of cannabis use is important, and any reform of Canada’s system of cannabis control should include a strong prevention focus as well as interventions aimed at groups known to be at higher risk of harm, such as youth and people

⁵³ Room, 2013

⁵⁴ Room et al., 2010

⁵⁵ Room et al., 2010

⁵⁶ UNICEF, 2013

with a personal or family history of mental illness. But some people will use cannabis regardless of its legal status, and a significant advantage of legalization is that it provides the opportunity to control some important factors related to the risk of harm. Limiting cannabis potency and curtailing higher-risk products and formulations are two concrete examples of regulation that has the potential to reduce the harms associated with cannabis use for youth and people with a personal or family history of mental illness.

The lessons of one jurisdiction cannot be directly imported to another, but the experience of the Netherlands and the history of alcohol control suggest that legalization with strict regulation – cautiously implemented, continuously evaluated and adjusted as required – need not necessarily lead to increased use. Developments in the United States, Uruguay and elsewhere should be closely monitored, with the hope that their experiences – positive and negative – will shed further light on policy options for effectively reducing cannabis-related health risks in a legal, regulated setting.

Finally, as we know from tobacco and alcohol, private-sector actors in a legal cannabis market – like any profit-motivated entity – would seek to push the boundaries of health-focused regulation. But unlike tobacco and alcohol, in Canada we may have the opportunity to pre-empt this conflict that exists between public health goals and the profit motive: “For most jurisdictions cannabis offers a blank canvas; an opportunity to learn from past errors, and replace criminal markets with regulatory models that are built on principles of public health and wellbeing from the outset, without a large-scale legal commercial industry resisting reform.”⁵⁷

This may not be the case for long. Already, the federal government’s recent overhaul of medical cannabis regulations have created a “green rush” of investment in legal cannabis production, and many of the entrepreneurs involved have their eyes set on eventual legalization and the extraordinary business opportunities it would bring.⁵⁸ The creation of a cannabis industry with an incentive to find new customers, retain existing ones, and encourage high levels of consumption should be of concern – as should the possibility of a government growing accustomed to revenues from cannabis sales or taxes. It is critical that legal reform of cannabis control be conducted with public health as its primary objective and that the resulting regulatory framework be carefully protected from commercial and fiscal interests.

⁵⁷ Apfel, 2014: 17

⁵⁸ *CBC News*, 2014; *New York Times*, 2014; Barmak and McCullough, 2013. See also Fischer et al., 2014.

Conclusion

A finding that a product or practice has adverse effects does not necessarily imply that prohibition is the most sensible or healthy system of control. Public policy must be grounded in a more holistic understanding of the relative risks to individuals and society.

Cannabis use is risky – and some individuals are particularly vulnerable – but prohibition has not succeeded in preventing cannabis use or mitigating its harms. On the contrary, it has exacerbated the health harms of cannabis and created costly social ones as well. Legalizing and strictly regulating cannabis allows for more control over the risk factors associated with cannabis-related harm.

To reduce harm, legalization of cannabis is a necessary – but not a sufficient – condition. It must include effective controls on availability and regulations that steer users towards less harmful products and practices. It must be embedded in a comprehensive strategy with a strong prevention focus and a range of interventions aimed at groups at higher risk of harm, such as youth and people with a personal or family history of mental illness. Finding the right mode and balance of regulation, and effectively implementing and enforcing them, will be key to ensuring that this approach results in a net benefit to public health and safety. Such a model appears to be the healthiest and most sensible way forward. CAMH welcomes further discussion of this topic.

About CAMH

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

CAMH's Strategic Plan, *Vision 2020: tomorrow.today*, re-affirms our commitment to advocating for public policies that are responsive to the needs of people with mental illness and addictions. As one of the six pillars of this plan, CAMH is committed to "Driving Social Change" by playing a leading role in transforming society's understanding of mental illness and addiction and building a better mental health care system. CAMH aims to be a champion for health equity, social justice and inclusion for those with mental illness and addiction. To help achieve these goals, CAMH communicates evidence-based policy advice to stakeholders and policymakers.

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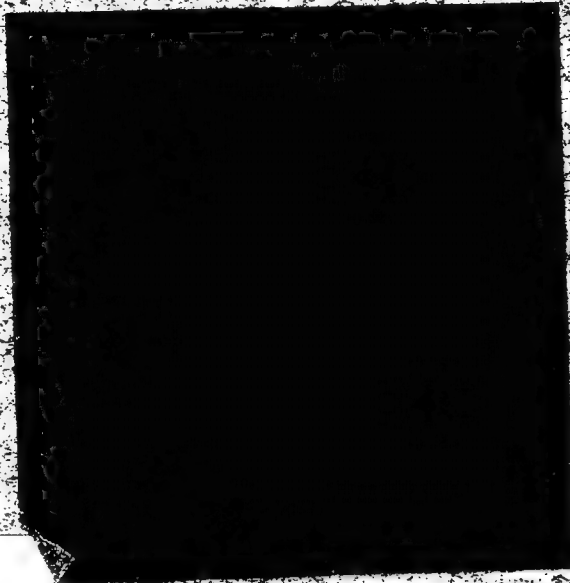
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camh

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Centre de toxicomanie et de santé mentale

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The Honourable Jody
Minister of Justice and
Attorney General
Houses of Parliament
Ottawa

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Document Date / Date du document: 2015-12-15
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MCU # / # UCM: 2016-000488

**Author /
Auteur:**

Centre for Addiction and Mental Health
100 Stokes Street
Toronto ON M6J 1H4

Doc Type / Type de Doc: F

Subject / Sujet: 100006
Meeting

Due Date / Date d'échéance: 2016-02-04

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: CS-MS-MLU
Julie Gauthier

Assigned Date / Assigné le: 2016-01-07

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☐ Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir
remarques)
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CC: MLU
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Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: December-16-15 12:14 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Concern for the sick, disabled and terminally ill

From: [REDACTED] @canadiantherapeuticcannabispartners.com]
Sent: December 16, 2015 11:56 AM
To: Philpott, Jane - M.P.
Cc: Wilson-Raybould, Jody - M.P.; Goodale, Ralph E. - M.P.; Trudeau, Justin - Député; Qualtrough, Carla - M.P.
Subject: Concern for the sick, disabled and terminally ill

To:

The Honourable Jane Philpott - Minister of Health

C/C:

The Honourable Jody Wilson-Raybould - Minister of Justice - Attorney General of Canada

The Honourable Ralph Goodale - Minister of Public Safety and Emergency Preparedness

The Honourable Carla Qualtrough - Minister of Sport and Persons with Disabilities

The Right Honourable Justin Trudeau - Prime Minister

Dear Ms. Philpott,

[REDACTED]
[REDACTED] a non profit organization operating nationally as Canadian Medical Cannabis Partners Society (B.C. Registration - Canadian Therapeutic Cannabis Partners Society #S-0062717).
<https://www.canadiantherapeuticcannabispartners.com/>

We represent tens of thousands of sick, disabled and terminally ill people in our great nation who use Cannabis (marijuana) as medicine.

I have sent several emails regarding the medicinal use of Cannabis (marijuana) over the last few weeks that contained video presentations that expressed concerns about the following;

1) Ending the directive issued by the previous Harper government to Health Canada that ended the Medical Marijuana Access Regulations (MMAR) which allows the sick, disabled and terminally ill people of our great nation to grow their own Cannabis (marijuana) or designate a caregiver to do it for them if they are not able to themselves.

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2) Ensuring that there are exceptions in the new legalization framework for dignified access for the sick, disabled and terminally ill people of our great nation through tax breaks, insurance coverage and expense deductions from the C.R.A.

I'm not sure that this subtle method of communication has been taken seriously or just dismissed out of hand as I have received no email replies and heard nothing in the way of public announcements.

I am hoping this more direct approach will at least be acknowledged and considered as time is running out for this marginalized group who, through no fault of their own, have been put in a position of choosing between their health and their freedom.

I will try to keep it simple by asking you just a few of direct questions.

A) Will you immediately reinstate the MMAR program or a similar program?

B) Will you acknowledge the urgency of this issue and take immediate action?

C) Will the medicinal use of Cannabis (marijuana) be considered in the legalization framework?

We realize that you have been very busy dealing with various other urgent issues, some of which concern helping many other worthy groups such as refugees and First Nations people but perhaps during this holiday break, you could take some time to consider our cause.

We realize the the issue of medicinal use in a legalization framework will take time, we see no reason why immediate action can not or should not be taken on he personal production issue.

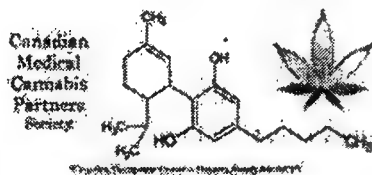
If you missed the video presentations, they can be accessed here;

<https://www.canadiantherapeuticcannabispartners.com/video/>

Thank You for your time and I look forward to your reply.



Canadian Medical Cannabis Partners Society



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MCU # / # UCM: 2015-016376

Author /
Auteur:

Canadian Medical Cannabis Partners Society

Doc Type / Type de Doc: I

Subject / Sujet: 270801
Health - General

Due Date / Date d'échéance:

@canadiantherapeuticcannabisp
artners.com

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2015-12-31

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150017

Ministerial Correspondence Unit - Justice Canada

From: Public Safety MCU / Sécurité publique UCM (PS/SP) <ps.publicsafetymcu-
securitepubliqueucm.sp@canada.ca>
Sent: December-17-15 8:53 AM
To: @420clinic.ca
Subject: Reply from Public Safety Canada - GDL000943

Dear [REDACTED]

I would like to acknowledge receipt of your correspondence addressed to the Minister of Public Safety and Emergency Preparedness, the Honourable Ralph Goodale, regarding the task force for legalization of marijuana.

Since the matter raised in your correspondence falls more properly under the jurisdiction of the Minister of Justice and Attorney General, the Honourable Jody Wilson-Raybould, I have taken the liberty of forwarding a copy of your correspondence to her office for information and consideration.

Thank you for writing.

N. Durocher
Ministerial Correspondence Unit

From: Public Safety MCU / Sécurité publique UCM (PS/SP)
Sent: Friday, December 04, 2015 2:51 PM
To: Public Safety MCU / Sécurité publique UCM (PS/SP)
Subject: WEBMAIL: taskforce for legalization

Salutation N/A

First Name [REDACTED]

Last Name [REDACTED]

Title [REDACTED]

Organization 420 Clinic

Address 1336 9th ave se

City Calgary

Country Canada

Province / Alberta

State

Postal / Zip t2g0t3

Code

Email @420clinic.ca

Subject taskforce for legalization

Comments Hello ,

[REDACTED] 420 Clinic in Calgary and I would like to contact anyone involved with the task force (if one exists) for the distribution and legalization of Marijuana. I believe I have more knowledge on the subject than anyone in Alberta and I have been helping the City of Calgary work on the zoning of such. [REDACTED] a clinic to help Doctors and patients alike in this legal Process now under the MMPR and have always operated under the legal framework. I would like to volunteer time knowledge and effort to help build the proper framework with Alberta. I have concerns that we will leave the medical patient in the weeds if this is not done properly.

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MCU / UCM**Ministerial Correspondence Unit / Unité de la correspondance ministérielle**
Routing Slip / Feuille de contrôle**Document Date / Date du document:** 2015-12-17
Date of Receipt / Reçu le: 2015-12-17**MCU # / # UCM:** 2015-016408**Author /** Ms. Nathalie Durocher
Auteur:**Doc Type / Type de Doc:** R

Public Safety

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Ottawa ON K1A 0P8

Due Date / Date d'échéance: 2016-02-12

Nathalie.Durocher@ps-sp.gc.ca

Sector's Due Date / Date d'échéance du secteur:**Copy to:** [REDACTED]**Assigned To / Assigné à:** MCUED8**Assigned Date / Assigné le:** 2015-12-31**FOR MCU USE****FOR SIGNATURE OF / POUR LA SIGNATURE DE:**

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Due Date: 2016-02-05

150017

2015-015941

[REDACTED]@hotmail.com

Correspondence from the Minister of Justice and Attorney General of Canada

Dear [REDACTED]

Thank you for your correspondence of December 21, 2015, concerning marijuana.

I am always impressed by students like you who take such an interest in issues that are of importance to Canadians.

As you may know, I intend to work with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, to create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.

Please be assured that your views and concerns concerning the legalization of marijuana have been shared with the appropriate departmental officials.

I also note your comments concerning impaired driving. As Minister of Justice and Attorney General of Canada, it is important for me to be aware of Canadian's concerns. I would like to assure you that we are always looking at ways to improve the criminal justice system and to ensure the safety of our roads and highways.

I enjoy receiving the opinions of young Canadians on a variety of topics and would like to thank you again for taking the time to write. Please accept my best wishes for success in your studies.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

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R15-015941

MCURD2

150017

Ministerial Correspondence Unit - Justice Canada

From: [REDACTED]@hotmail.com>
Sent: December-21-15 6:01 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: Hi!

Hello! [REDACTED] For the past few months I have been well aware of the elections and the candidates. As the elections were going on, I had a feeling that Justin Trudeau would win. When he won, I wasn't surprised at all. I had some knowledge of what he would do as Prime Minister. But one of the topics that stood out to me, was when he said that he would legalize marijuana. I understand marijuana is used for medication purposes but it can also be used as a drug to get high. As a concerned teenager living in the generation where e-cigarettes are called cool, I think Canada will have more problems than ever. Legalizing marijuana will cause problems, here are what I believe are the most important ones.

1. Recently the popularity of marijuana has increased. In some stores you can buy shirts, hats or socks etc. that have the weed symbol printed on it. Personally, ever since Gr.7 my friends would talk about smoking vape with a bubblegum flavor and how they think its better for you than actually cigarettes, even though it still contains nicotine. Just to think about it, at such a young age the youth are intrigued to smoking and getting high. I was always concerned because those were my friends, but also it includes the rest of young Canadians who are interested. As I went into Gr.8, the conversation turned to how weed sounds cool and it was now on the 'bucket list'. I've always understood that marijuana helps to medicate people. For example, my grandpa used it for medical reasons after cancer treatment to control pain. I know that you would have to be over an age limit to purchase it, just like cigarettes and alcohol. Young people we will end up finding a connection, there will just be more supply in the market, so it will be easier to find. I don't want my generation to be known as the generation of marijuana smokers. I personally don't want my friends to be high. Also, legalizing marijuana would also increase bullying and peer- pressure.

2. Marijuana usage will lead to increased deaths caused by having a reaction to it, suicide, or being high and driving etc. According to MADD Canada, we as Canadians suffer from about 1,100(estimated) yearly deaths from cases such as drinking and driving. Everyday 4 Canadians die and about 175 people are injured due to drinking and driving. Alcohol can affect your brain, it can change your mood, behavior, your thinking, and your ability to move. But in this case, if you are high and driving that's another story. Marijuana can affect parts of the brain that control memory, attention and learning. This may increase the death toll in Canada per year. I personally hate to hear on the news that a driver or a pedestrian has died, do you? I bet you don't, but if marijuana is legalized this may be another problem that we have to face.

I understand that the government wants to keep this marijuana situation, under control if it is legalized, but how can you stop young adults from getting this drug. I understand that your plan is to legalize marijuana and control the produce and the illegal sales of this drug but we do not live in a perfect world, but you can not control the produce/sales of this drug because there will still be people doing that without your control I hope you read this email and take in consideration of my opinion and hope you can talk to Mr. Justin Trudeau about this problem and how it may affect Canadians. Thank you for taking your time to read this email.

Have a nice day!



377, rue Bank Street,
Ottawa, Ontario K2P 1Y3
tel./tél. 613 236 7238 fax/télé. 613 563 7861

D16-00044
MCMED3
150017

December 21st, 2015

Jody Wilson-Raybould
Minister of Justice
1245 West Broadway
Suite 104
Vancouver, BC V6H 1G7

RE: Distribution of marijuana

Dear Minister,

As you are aware, the government has signaled its intention to legalize and regulate the production and distribution of marijuana in Canada. CUPW welcomes the end of the prohibition era and looks forward to a time free of such harmful policies.

As your government develops its plan to regulate the distribution of marijuana, we would like to draw your attention to the current methods which are in place for access to medical cannabis.

While changes brought in by the previous government were extremely harmful in terms of access and cost for patients, they were also positive in that they allowed for a greater selection of strains and developed a secure distribution method between patients and suppliers.

Currently the only legal way to obtain cannabis is through the mail.

Canada Post is fully capable of providing secure delivery of cannabis, in a timely manner, while verifying ID of the customer and even requiring a signature. There are other controls currently in place (such as the requirement of proof of purchase while in possession of medical cannabis) which may or may not be useful in the post-prohibition era.

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Minister of Justice
December 21st, 2015

2

It is our belief that this system could simply be extended to those seeking access to cannabis for personal or recreational use. This plan would maintain the high security standards which are currently in place and could be accomplished quickly and efficiently utilizing existing federal infrastructure: our public post office.

Sincerely,



Cc Justin Trudeau, Canada Prime Minister
Judy Foote, Minister of public Services and Procurement
CUPW National Executive Board Members

MP/lg cope 225





377, rue Bank Street,
Ottawa, Ontario K2P 1Y3
tel./tél. 613 236 7238 fax/téléc. 613 563 7861

Le 21 décembre 2015

Madame Jody Wilson-Raybould
Ministre de la Justice
1245 Broadway Ouest
Bureau 104
Vancouver, BC V6H 1G7

Objet : Distribution de cannabis

Madame la Ministre,

Votre gouvernement a exprimé son intention de légaliser et de réglementer la production et la distribution de cannabis au Canada. Le Syndicat des travailleurs et travailleuses des postes (STTP) salue la fin de l'interdiction du cannabis et se réjouit de l'arrivée d'une nouvelle ère libérée de politiques aussi néfastes.

Dans le cadre de l'élaboration du plan du gouvernement visant à réglementer la distribution du cannabis, le STTP tient à attirer votre attention sur les méthodes actuelles de distribution du cannabis thérapeutique.

Les changements adoptés par le gouvernement Harper se sont avérés extrêmement nuisibles quant à l'accès et au coût pour les patients, mais ils présentaient l'avantage d'autoriser la culture de variétés accrues de cannabis et prévoyaient une méthode de distribution sécuritaire entre fournisseurs et patients.

À l'heure actuelle, la poste est la seule façon légale de se procurer du cannabis.

Postes Canada est tout à fait en mesure de livrer du cannabis de manière sécuritaire, sans retard, et de vérifier l'identité du client, voire d'exiger sa signature. D'autres mesures de contrôle sont actuellement en place (par exemple l'obligation de fournir une preuve d'achat si l'on est en possession de cannabis thérapeutique). La pertinence de ces mesures sera à confirmer une fois la production et la distribution de cannabis légalisées et réglementées.

.../2



s.19(1)

Madame la Ministre
Le 21 décembre, 2015

2

Le STTP estime que le système actuel pourrait tout simplement s'appliquer aussi aux personnes qui souhaitent se procurer du cannabis à des fins personnelles ou récréatives. Ainsi, les normes de sécurité élevées actuellement en vigueur continueraient de s'appliquer, et la distribution de cannabis se ferait de manière rapide et efficace grâce à l'infrastructure du service postal public.

Recevez, Madame la Ministre, mes sincères salutations.



CC : Justin Trudeau, premier ministre du Canada
Judy Foote, ministre des Services publics et de l'Approvisionnement
Conseil exécutif national du STTP

/map scfp 1979
/lg sepb 225



s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-04-16 1:17 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Distribution of marijuana / Distribution de cannabis
Attachments: 2015-12-21_Jody Wilson Raybould_Distribution of marijuana_EN.pdf; 2015-12-21_Jody Wilson Raybould_Distribution de cannabis_FR.pdf

From: [REDACTED] @cupw-sttp.org]
Sent: December 21, 2015 2:51 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Distribution of marijuana / Distribution de cannabis

[REDACTED]

[REDACTED]

CUPW / STTP

s.19(1)

MCU / UCM
Ministerial Correspondence Unit / Unité de la correspondance ministérielle
Routing Slip / Feuille de contrôle

Document Date / Date du document: 2015-12-21
Date of Receipt / Reçu le: 2016-01-04

MCU # / # UCM: 2016-000444

**Author /
Auteur:**

Canadian Union of Postal Workers (CUPW)
377 Bank Street
Ottawa ON K2P 1Y3

Doc Type / Type de Doc: D

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-18

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED3

Assigned Date / Assigné le: 2016-01-07

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- ☐ Modified standard reply / lettre type modifiée
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remarques)
- F:** ☐ Action at your discretion / Donner suite à votre discrétion
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remarques)
- I:** ☐ For your information (no action required) / À titre d'information (aucune mesure requise)

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D16-000446
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The Honourable Jody Wilson-Raybould
House of Commons
Ottawa, Ontario
Canada K1A 0A6

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2016 JAN -5 A.M. 7:51

RECEIVED/REÇU

Dear Ms. Wilson-Raybould (Hon),

It was a great pleasure to vote for you during the last federal election, and we the nation, are looking forward to the positive changes that your government will bring. As a dispensary owner in your riding, I am obviously in support of the de-stigmatization and legalization of cannabis. Despite the current legal turmoil and ambiguities, we play an important role in our community and contribute to the health and well-being of many.

As a businessman wanting to keep cannabis out of the hands of minors and organized crime, I would like to be a part of moving our nation forward, working collectively with the goal of creating a policy that will stand the test of time and is a benefit to all Canadians. A policy built on Canadian ethics, values and the underlying constitutional principles that make this country great.

It is a great honour and privilege to share my opinions, views, and concerns on the legalization and regulation of marijuana within the Canadian framework, as outlined below:

Cannabis & Alcohol

Many have suggested that alcohol and cannabis are a natural fit from a resale perspective. In my opinion, this would have dangerous and disastrous consequences, because of this cannabis and alcohol should never be mixed.

1. Cannabis is regularly used as a natural alternative to medication for individuals who are dealing with addictions to alcohol or harder narcotics. People that have addictions and use cannabis as a treatment to recover from their addiction, should never be forced to go into a liquor store and be faced with the temptation of abundant and available alcohol. Any encouragement of the mixing of alcohol and cannabis will have negative consequences for society.
2. Both Cannabis and alcohol can cause impairment, but together their effect is multiplied, any situation that encourages consumers to combine the two will make it much more difficult for consumers to indulge responsibly. Additionally, given the considerable legacy and negative perception of cannabis, the blame for the lack of responsible consumption and problems that this causes will cast a negative light on cannabis. The eventual backlash will be directed at cannabis, not alcohol, nor at irresponsible consumption, bringing us back to square one.

3. The act of selling alcohol requires very little knowledge, whereas effective cannabis sales requires staff to work diligently with each individual to provide information about the large variety of strains and their chemical constituents. The sales process becomes an essential service to improve the quality of life by empowering individuals with the knowledge and the tools to alleviate their symptoms. As such, it is highly unlikely that due diligence and due care will be provided by a retailer that is focussed on ringing in as many sales as possible in the minimum amount of time.
4. Suggested sales of Cannabis by current alcohol stores will not create more jobs but will increase revenues for liquor stores. This would not be in the best interest of job growth.

Taxation

Cannabis sales may need to be taxed, but setting the appropriate rate is crucial to sustainability.

The multiple levels of Government may want to tax cannabis sales at very high levels to obtain quick revenue for infrastructure and other projects, however, these may be short term gains but will not be sustainable for the long term. There are multiple negative consequences to excessive taxation:

1. Once the tax component on cannabis reaches a certain threshold, people will turn back to the black market where they will be able to get the product from the street, and we will return to having to spend large amounts of money on policing, as opposed to using the funds for more beneficial activities.
2. As business owners, any taxation that we experience will invariably be passed onto our customers, however unlike alcohol sales that are strictly for recreational purposes, our customer base uses cannabis as an alternative to commercially available medications for various reasons. Many of these are low income and disabled people with severe ailments that will be devastated by rising prices. These people will have nowhere to turn to but to the black market for cheaper and inferior products. If the black market also raises its prices due to supply, demand, and open market prices being higher those worst off will suffer the most.

Revenue and jobs

The Liberal Party can keep their commitment in spurring economic growth, job creation, and broad-based prosperity by strengthening the middle class, and helping those working hard to join it through the thoughtful legalization and legitimization of cannabis related industries.

1. We employ people and provide them with the means to earn a living in society. Permitting dispensaries across Canada would spur job creation throughout the country.
2. Increased employment in a fully legalized cannabis industry will not only create jobs, but will contribute funds into Canada Pension Plan, Workman's Compensation, Employment Insurance, and directly into government coffers in the form of Income Tax. Additionally, there will be a reduction in the reliance on the welfare system.

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3. By decriminalizing and licensing cannabis sales at reasonable taxation levels, we will eliminate the profit margins for organized crime and will see a reduction in criminal activities related to drug trafficking. By removing cannabis products from unethical criminals that have no issues with selling to minors, we will ensure that the products are kept out of hands of our future generations during the ages where cannabis may negatively impact their mental development.
4. Our vision of cannabis, as can be seen in our store, eliminates the negative aspects of current cannabis sales. The stigmas and criminal activities commonly associated with our business are eliminated by having a prominent visible retail location with unobscured windows, an open storefront that is welcoming, and a product that is carefully packaged and labeled in a professional manner. (Please see the attached photos)



Our Involvement

It would be an honour and privilege if we could be of any service to you and your ministers in laying out the legalization framework for Canada. We would like to offer our time and experience with cannabis and cannabis sales to help shed light on the marketplace and share our vision for a safe, responsible, healthy, and beneficial integration of cannabis into Canadian society. Therefore, we would like to extend an invitation to you and anyone in your office to come visit our store and experience what we believe is a forward looking cannabis business.

Given our experience and positive vision for the future, we believe we could contribute to the creation of an alternative to the current cannabis distribution system in Canada. Should you desire to have us as an active participant to help collaborate in any aspect of the impending legalization policy packed with integrity, ethics and transparency, we would be pleased to participate.

Thank you very much for taking the time to read this.

Sincerely,


Erbachay Health Centers
8425 Granville St.
Vancouver, BC V6P 4Z9
Phone: 778-737-0010
Fax: 778-737-9951
Email: @erbachay.com
Webpage: www.erbachay.com

**Erbachay Health
Centers**
8425 Granville St.
Vancouver,
BC V6P 4Z9

**The Honourable
Jody Wilson-
Raybould**
House of Commons
Ottawa, Ontario
Canada K1A 0A6

**Pages 178 to / à 179
are withheld pursuant to section
sont retenues en vertu de l'article**

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**of the Access to Information Act
de la Loi sur l'accès à l'information**

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Routing Slip / Feuille de contrôle****Document Date / Date du document:** 2015-12-21**Date of Receipt / Reçu le:** 2016-01-04**Author /
Auteur:**Erbachay Health Centers
8425 Granville Street
Vancouver BC V6P 4Z9

@erbachay.com

MCU # / # UCM: 2016-000446**Doc Type / Type de Doc:** D**Subject / Sujet:** 150017

Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-01-28**Sector's Due Date / Date d'échéance du secteur:****Assigned To / Assigné à:** MCUED8**Assigned Date / Assigné le:** 2016-01-07**FOR MCU USE****FOR SIGNATURE OF / POUR LA SIGNATURE DE:**

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- ☐ Modified standard reply / lettre type modifiée
- ☐ Based on letter / Basée sur la lettre
signed on / signée le _____

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- I:** ☐ For your information (no action required) / À titre d'information (aucune mesure requise)

CC: L. Bisson
CC: K. Mercer
CC:CC: A. Saghbini
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CC:**Closed / Fermé:****File Away / Classé:**



B.C. Government and Service Employees' Union
A component of NUPGE (CLC)

(11)
Original
R15-000139
150017

December 21, 2015

Honourable Jody Wilson-Raybould, P.C.
Minister of Justice and Attorney-General of Canada
House of Commons
Ottawa, ON K1A 0A6

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE
2016 JAN -6 A 8:15
RECEIVED/REÇU

Dear Minister

Re Distribution and retail sale of legal, non-medical cannabis through the existing liquor distribution and retail system

Let me begin by congratulating you on your recent election and appointment as Minister of Justice and Attorney General. We are fortunate to have an accomplished leader like you representing British Columbia in cabinet. I hope that we will have the opportunity to meet in the near future.

I am writing specifically in light of the federal government's intention to move ahead with the legalization of non-medical marijuana for sale to adults in Canada. The B.C. Government and Service Employees' Union (BCGEU) is a broad and diverse labour union representing over 65,000 members in British Columbia. We also represent over 3,500 workers in the provincial Liquor Distribution Branch's nearly 200 public retail stores and the warehouses and distribution centres in Vancouver and Kamloops.

We have established a partnership with the B.C. Private Liquor Store Association (BCPLSA) to advocate that the distribution and sale of non-medical marijuana occur within the existing liquor distribution and retail system through both public B.C. Liquor Stores and private liquor retail stores. We believe this model will guarantee a safe, responsible, and effective system for non-medical marijuana sales in British Columbia that can be readily implemented whenever the federal legislation comes into force.

Just as with alcohol, there are legitimate concerns about access to marijuana by young people. B.C.'s retail liquor stores are an over-19, age-controlled environment and have demonstrated the strongest compliance with identification checks. I'm certain you agree that the provinces must ensure that non-medical marijuana is sold in the most socially responsible way possible. Liquor stores provide the most strictly managed system for accessing a controlled substance and are best suited for the retailing of non-medical marijuana. In B.C., we have an effective warehousing, retail and distribution system in place, and there is no need to reinvent the wheel.



B.C. also has a successful wine and beer industry that creates good jobs and produces public revenues to fund schools, hospitals and a wide range of public services. Non-medical marijuana sales should follow a similar model, open to a variety of sizes of producers, including an allowance for personal home production, but with the distribution and sale strictly controlled.

Both Ontario Premier Kathleen Wynne and Manitoba Premier Greg Selinger have indicated a preference for utilizing their respective provinces' publicly managed distribution and retail systems to sell non-medical marijuana once it is legalized. We have written to B.C. Premier Christy Clark to advocate for a similar solution for British Columbia.

As you work to implement the federal legalization of non-medical marijuana, we hope that your government will work with the provinces to ensure that it is distributed and sold in the most socially responsible and strictly managed system possible. We are ready and eager to work with you and your provincial colleagues to make this sound public policy option a reality.

Yours sincerely,



SS/JC/kc/cope 378
1 ltr Wilson raybould

Cc: Thomas Mulcair, Leader of the NDP
Honourable Rona Ambrose, P.C., Leader of the Opposition
Elizabeth May, Leader of the Green Party
BC MPs



I16-000106

MCU File

150017

Ministerial Correspondence Unit - Justice Canada

From: [REDACTED]
Sent: December-22-15 5:31 PM
To: Hon. Jane Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;
Jody.Wilson-Raybould@parl.gc.ca; ralph.goodale@parl.gc.ca
Cc: [REDACTED]
Subject: Letter from CCIC Board re: cannabis policy development
Attachments: Letter from CCIC Board re cannabis policy development.pdf; CCIC Backgrounder.pdf; [REDACTED]

The Honourable Dr. Jane Philpott, P.C., M.P.
Minister of Health

Dear Dr. Philpott,

The Board of Directors of the Canadian Consortium for the Investigation of Cannabinoids (CCIC) supports the Canadian government's initiative to legalize, regulate and restrict access to cannabis (marijuana). We would like to offer our expertise and knowledge as you formulate a legal and social framework for a regulated cannabis market that is based on the principles of health and public safety, and is guided by scientific evidence.

The CCIC is a federally registered Canadian nonprofit organization of researchers and health care professionals, established in 1999 to promote evidence-based research and education concerning the endocannabinoid system and the therapeutic applications of cannabinoid agents (see attached CCIC backgrounder). The CCIC consists of over 500 active and associate members from a range of scientific, clinical, policy and industry backgrounds. The CCIC has been engaged in promoting an unbiased health perspective on cannabis and cannabinoids for over 16 years, and has been an invited participant in all of Health Canada's scientific, expert and stakeholder advisory committees since the first draft of the Medical Marihuana Access Regulations in 2001.

There is growing scientific literature showing that cannabinoid agents have demonstrated promise to help alleviate pain and suffering in patients with diverse illnesses. The growing use of cannabis for medical purposes by Canadian physicians and patients points to two things: that medical access will need to be included in the legalization framework, and that Canada needs to embark on a more intensive research effort on the basic, clinical and social/public health aspects of cannabis and cannabinoid-based pharmaceuticals. Thus the medical needs of patients will be very different from those interested in the recreational market. It will be essential to assure that the needs of patients using cannabinoids for medical purposes are given priority as the government moves forward with legislation and regulations regarding cannabis.

We understand that you and your fellow Ministers of Justice and Public Safety will form a Federal-Provincial-Territorial task force to guide the legalization of cannabis. We are writing to offer our support for this process

[REDACTED]

[REDACTED]

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[REDACTED]

We, the undersigned members of the CCIC Board, feel strongly that it is essential to keep accurate knowledge regarding the science of cannabis and the endocannabinoid system is central in order to ensure that Canada achieves its goals of creating a regulated system for responsible recreational cannabis use while respecting the unique needs of those using cannabis for medical purposes. The CCIC membership possesses a broad expertise, which ranges from plant science to therapeutic use, and from the laboratory to the clinic.

We are happy to assist you as you move forward with cannabis policy development.

Yours sincerely,

[REDACTED]

[REDACTED]

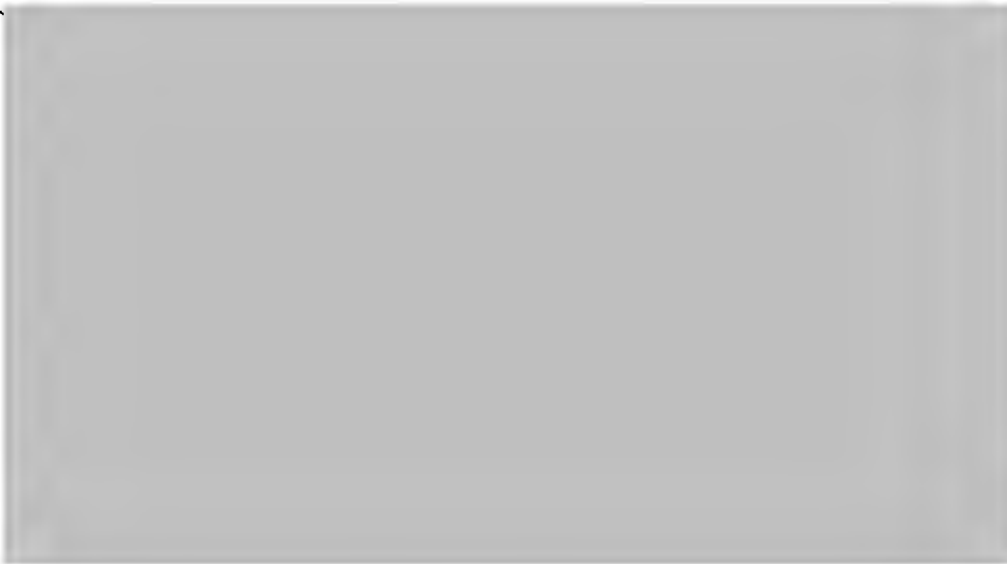
[REDACTED]

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[REDACTED]

[REDACTED]



✓cc/ The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Ralph Goodale
Minister of Public Safety and Emergency Preparedness
269 Laurier Avenue West
Ottawa, Ontario K1A 0P8



CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES

The Honourable Dr. Jane Philpott, P.C., M.P.
Minister of Health
Brooke Claxton Building
Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario K1A 0K9

22 December 2015

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There is growing scientific literature showing that cannabinoid agents have demonstrated promise to help alleviate pain and suffering in patients with diverse illnesses. The growing use of cannabis for medical purposes by Canadian physicians and patients points to two things: that medical access will need to be included in the legalization framework, and that Canada needs to embark on a more intensive research effort on the basic, clinical and social/public health aspects of cannabis and cannabinoid-based pharmaceuticals. Thus the medical needs of patients will be very different from those interested in the recreational market. It will be essential to assure that the needs of patients using cannabinoids for medical purposes are given priority as the government moves forward with legislation and regulations regarding cannabis.

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CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES

We understand that you and your fellow Ministers of Justice and Public Safety will form a Federal-Provincial-Territorial task force to guide the legalization of cannabis. We are writing to offer our support for this process

We, the undersigned members of the CCIC Board, feel strongly that it is essential to keep accurate knowledge regarding the science of cannabis and the endocannabinoid system is central in order to ensure that Canada achieves its goals of creating a regulated system for responsible recreational cannabis use while respecting the unique needs of those using cannabis for medical purposes. The CCIC membership possesses a broad expertise, which ranges from plant science to therapeutic use, and from the laboratory to the clinic. We are happy to assist you as you move forward with cannabis policy development.

Yours sincerely,

s.19(1)



CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES

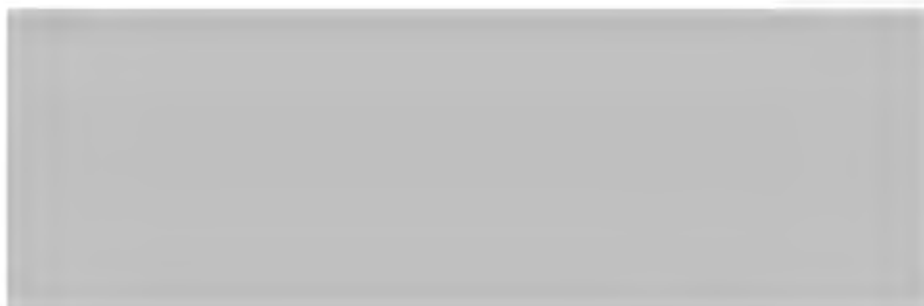
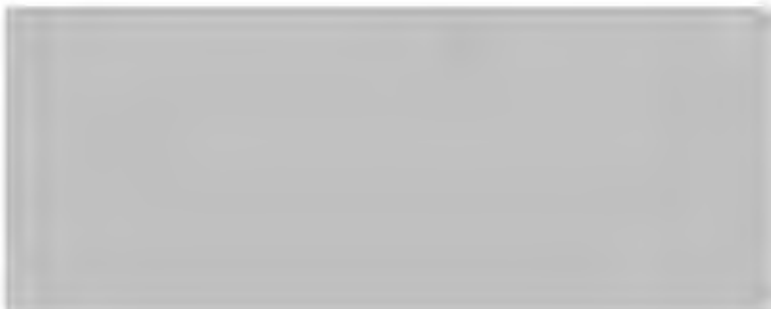


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CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES



cc/ The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Ralph Goodale
Minister of Public Safety and Emergency Preparedness
269 Laurier Avenue West
Ottawa, Ontario K1A 0P8



THE CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

Evidence-based Cannabinoid Education For Healthcare Professionals

Originally conceived as an interdisciplinary research consortium in 2000, the CCIC is a registered non-profit organization whose mission is to promote evidence-based education concerning the endocannabinoid system and therapeutic applications of cannabinoid agents to clinical audiences. Our network of over 200 members is comprised of clinicians and scientists. Our organization is based in Canada but our work and membership span the globe.

MULTIDISCIPLINARY NETWORK

Expert Faculty *In the fields of:*

- Oncology
- Pain management
- HIV/AIDS
- Gastroenterology
- Neurology
- Multiple Sclerosis
- Psychology
- Pharmacology
- Pulmonology
- Family Medicine
- Anesthesia

Partnerships

- International Cannabinoid Research Society
- International Association for the Study of Pain
- International Association for Cannabinoid Medicine
- McGill University Health Center Research Institute
- Society of Cannabis Clinicians
- University of British Columbia
- University of California-San Francisco School of Medicine
- Centre for Medicinal Cannabis Research

BRINGING CREDIBILITY TO CANNABINOID MEDICINE

Our vision is to advance the understanding of the role of cannabinoids in health and disease through research and education from the perspective of evidence-based medicine.

Our mission is to engage with all stakeholders - government, academic and industry - to develop accredited cannabinoid educational programs that address the need for knowledge, advance understanding among the medical community and improve standards of care for patients who may benefit from the therapeutic use of cannabinoids.

Projects include:

- Live symposia
- Small educational meetings
- Online CME curricula
- Physician materials
- Patient materials
- Supplementary academic curricula

REPRESENTING THE DIVERSE FIELD OF CANNABINOID THERAPEUTICS

The CCIC is unique. We bring together an array of global experts to provide balanced and credible knowledge on the therapeutic use of cannabinoids. Our team includes:

- A multidisciplinary board of directors comprised of clinicians and scientists
- Program faculty of leading researchers and experienced clinicians
- Collaborations with professional societies and academic institutions
- Management staff with experience in medicine, science, business, and medical education



THE CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

Evidence-based Cannabinoid Education For Healthcare Professionals

PROVIDING ACCREDITED CANNABINOID EDUCATION TO CLINICIANS

The CCIC has conducted over 50 accredited cannabinoid education programs. These include dinner meetings, workshops, and full-day clinical symposia in Canada, the United States and Europe. Our programs have reached over 2000 healthcare professionals, providing certified continuing medical education credits on a subject that is not often taught in medical schools or other professional meetings.

By going through the accreditation process, we ensure that our content is unbiased, evidence-based, and clinically relevant to healthcare practitioners. We work in accordance with the Committee on Accreditation of Continuing Medical Education (Canada) and the Accreditation Council for Continuing Medical Education. Our programs are designed to help clinicians:

- Identify appropriate patients for treatment
- Weigh risks and benefits
- Monitor for adverse events
- Understand drug interactions
- Recommend dosage and administration methods

EDUCATING BEYOND THE CLASSROOM

Our work extends beyond the classroom and into the clinic with both web-based and printed enduring materials.

Online resources include:

- CME curricula
- An extensive database of published and ongoing studies
- Audio-visual tools
- Comprehensive reports

Printed materials include:

- Academic journal supplements
- Disease-specific research reports
- Clinical wall posters
- Patient selection criteria sheets
- Cannabinoid prescribing guidelines

For more information on our resources and activities, please visit our website www.ccic.net

CONTACT INFORMATION

For more information about the CCIC and any of its current or future Accredited Cannabinoid Education programs, please contact the CCIC staff using the details below.

Dr. Mark Ware
Executive Director
E: mware@ccic.net
T: 514-934-1934 ext. 42784

Daniel Ziemlanski
Educational Coordinator
E: dziemianski@ccic.net
T: 514-934-1934 ext. 44362

For general inquiries, please contact info@ccic.net.

**Pages 192 to / à 216
are withheld pursuant to section
sont retenues en vertu de l'article**

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**of the Access to Information Act
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Document Date / Date du document: 2015-12-22

MCU # / # UCM: 2016-000166

Date of Receipt / Reçu le: 2015-12-22

Author /
Auteur:

Doc Type / Type de Doc: I

Subject / Sujet: 150017

Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance:

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2016-01-05

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- ☐ Other (pls indicate) / Autre (veuillez préciser)

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- ☐ Courtesy copy (c.c.) / copie conforme (c.c.)
- ☐ Standard reply / lettre type
- ☐ Modified standard reply / lettre type modifiée
- ☐ Based on letter / Basée sur la lettre
signed on / signée le _____

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- I: ☐ For your information (no action required) / À titre d'information (aucune mesure requise)

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I 16-000930
New file

470901

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-04-16 8:56 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Fwd: Concern for the sick, disabled and terminally ill

From: [mailto: [redacted]@canadiantherapeuticcannabispartners.com]
Sent: January 3, 2016 1:27 PM
To: Trudeau, Justin - Député
Cc: Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.
Subject: Re: Fwd: Concern for the sick, disabled and terminally ill

Hello Mr. Prime Minister, Health Minister and Justice minister.

I have sent and re sent emails about an issue that is very important to me, my non profit org. and tens of thousands of other people.

I receive emails almost daily in my personal private email asking for donations as I had made one during the election campaign.

I assume you expect a reply and another donation from me even though I had to struggle financially to scrape up \$100 from my disability pension.

I have not received a single response to any of my emails including the one I am forwarding again that follows this message.

I have no more money for the party and you have no reply for me.

What have you got for me? Anything?

Regards,

Soon to be discouraged, former liberal supporter.

On December 21, 2015 at 11:33 AM [redacted]
[redacted]@canadiantherapeuticcannabispartners.com> wrote:

Still waiting for an answer. We feel like we deserve one. Don't you?

----- Original Message -----

From: [redacted]
[redacted]@canadiantherapeuticcannabispartners.com>
To: jane.philpott@canada.ca
Date: December 18, 2015 at 4:23 PM
Subject: Fwd: Concern for the sick, disabled and terminally ill

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----- Original Message -----

From: [REDACTED]
[REDACTED]@canadiantherapeuticcannabisparkers.com>
To: Jane Philpott <Jane.Philpott@parl.gc.ca>
Cc: Jody Wilson-Raybould <Jody.Wilson-Raybould@parl.gc.ca>,
Ralph Goodale <ralph.goodale@parl.gc.ca>, Justin Trudeau
<justin.trudeau@parl.gc.ca>, Carla Qualtrough
<Carla.Qualtrough@parl.gc.ca>
Date: December 16, 2015 at 11:55 AM
Subject: Concern for the sick, disabled and terminally ill

To:

The Honourable Jane Philpott - Minister of Health

C/C:

**The Honourable Jody Wilson-Raybould - Minister of Justice - Attorney
General of Canada**

**The Honourable Ralph Goodale - Minister of Public Safety and Emergency
Preparedness**

**The Honourable Carla Qualtrough - Minister of Sport and Persons with
Disabilities**

The Right Honourable Justin Trudeau - Prime Minister

Dear Ms. Philpott,

[REDACTED]
[REDACTED] a non profit organization operating
nationally as Canadian Medical Cannabis Partners Society (B.C.
Registration - Canadian Therapeutic Cannabis Partners Society
#S-0062717).
<https://www.canadiantherapeuticcannabisparkers.com/>

We represent tens of thousands of sick, disabled and terminally ill
people in our great nation who use Cannabis (marijuana) as
medicine.

I have sent several emails regarding the medicinal use of Cannabis
(marijuana) over the last few weeks that contained video
presentations that expressed concerns about the following;

1) Ending the directive issued by the previous Harper government
to Health Canada that ended the Medical Marijuana Access
Regulations (MMAR) which allows the sick, disabled and
terminally ill people of our great nation to grow their own

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Cannabis (marijuana) or designate a caregiver to do it for them if they are not able to themselves.

2) Ensuring that there are exceptions in the new legalization framework for dignified access for the sick, disabled and terminally ill people of our great nation through tax breaks, insurance coverage and expense deductions from the C.R.A.

I'm not sure that this subtle method of communication has been taken seriously or just dismissed out of hand as I have received no email replies and heard nothing in the way of public announcements.

I am hoping this more direct approach will at least be acknowledged and considered as time is running out for this marginalized group who, through no fault of their own, have been put in a position of choosing between their health and their freedom.

I will try to keep it simple by asking you just a few of direct questions.

A) Will you immediately reinstate the MMAR program or a similar program?

B) Will you acknowledge the urgency of this issue and take immediate action?

C) Will the medicinal use of Cannabis (marijuana) be considered in the legalization framework?

We realize that you have been very busy dealing with various other urgent issues, some of which concern helping many other worthy groups such as refugees and First Nations people but perhaps during this holiday break, you could take some time to consider our cause.

We realize the the issue of medicinal use in a legalization framework will take time, we see no reason why immediate action can not or should not be taken on he personal production issue.

If you missed the video presentations, they can be accessed here;

<https://www.canadiantherapeuticcannabisparkers.com/video/>

Thank You for your time and I look forward to your reply.



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Ministerial Correspondence Unit / Unité de la correspondance ministérielle Routing Slip / Feuille de contrôle

Document Date / Date du document: 2016-01-03
Date of Receipt / Reçu le: 2016-01-04

MCU # / # UCM: 2016-000830

Author /
Auteur:

Canadian Medical Cannabis Partners Society

Doc Type / Type de Doc: I

Subject / Sujet: 270801
Health - General

Due Date / Date d'échéance:

@canadiantherapeuticcannabisp
artners.com

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2016-01-12

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Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-06-16 10:27 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Stakeholder involvement of recreational marijuana
Attachments: [REDACTED]

74
R16-001444
Moult 8
150017

From: [REDACTED]@mcrci.com [mailto:[REDACTED]@mcrci.com]
Sent: January 5, 2016 8:05 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Stakeholder involvement of recreational marijuana

Dear Honourable Jody Wilson-Raybould,

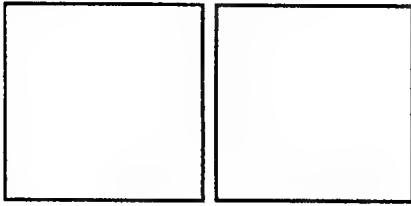
[REDACTED] a Vancouver based company called Medicinal Cannabis Resource Centre Inc. (MCRCI) (Voted #1 clinic in Canada). It has come to my attention that the government is looking for experienced stakeholders to assist in moving the agenda of legalizing recreational use of cannabis forward. At MCRCI we have been assisting patients across Canada in accessing medical marijuana through Health Canada's programs since 2010. We offer aftercare to our patients as well as support their medical prescriptions. We are completing our application for a clinical trial based on a cream for Rheumatoid Arthritis. [REDACTED]

[REDACTED] We have a number of doctors working in our program as well as access to the Practitioners for Medical Cannabis (PMC) organization, [REDACTED] This organization has over 85 physicians who have supported cannabis in various capacities from research to supporting patients. [REDACTED] We would be honoured to a part of the medical marijuana discussion in this process. I believe our expertise and experience would be of great value. Please feel free to contact me either by email or [REDACTED]

Here is a link to our website to get a more detailed idea of the service MCRCI has to offer
www.mcrci.com

[REDACTED]

Medicinal Cannabis Resource Centre Inc.
450 Nanaimo St (South) | Vancouver, BC | V5L 4W3
(P) 604.566.9391
(F) 604.909.1890
(E) info@mcrci.com



*****This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please delete and notify sender by return email or by telephone at 604.566.9391*****

Page 225

**is withheld pursuant to section
est retenue en vertu de l'article**

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**of the Access to Information Act
de la Loi sur l'accès à l'information**

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Routing Slip / Feuille de contrôle

Document Date / Date du document: 2016-01-05

Date of Receipt / Reçu le: 2016-01-06

MCU # / # UCM: 2016-001444

**Author /
Auteur:**

Medicinal Cannabis Resource Centre (MCRCI)
450 Nanaimo Street South
Vancouver BC V5L 4W3

@mcrci.com

Doc Type / Type de Doc: R

Subject / Sujet: 150017

Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-03-02

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED8

Assigned Date / Assigné le: 2016-01-20

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Ministerial Correspondence Unit - Justice Canada

From: CIMS_OPER <CIMSOPER@pco-bcp.gc.ca>
Sent: 2016-Jan-08 10:59 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FROM : Privy Council Office - Bureau du conseil privé [Mail # : 195972 Folder # : 905225
Tracking # : 53020219E]
Attachments: Reply.doc.docx; Image1.TIF

Attention : Jody Wilson-Raybould, P.C., M.P., Minister of Justice and Attorney General of Canada

The attached correspondence addressed to the Prime Minister is forwarded to your office for action or information as appropriate.

La correspondance ci-jointe adressée au Premier Ministre vous est transmise pour suite à donner ou pour information.

Correspondent / Correspondant :



University of British Columbia
Suite 1555
4380 No. Three Road
Richmond (Colombie-Britannique)
V6X 3V7

Keywords / Mots-clés : Marijuana - Neutral

Folder Number / Numéro de dossier: 905225

Tracking Number / Numéro de suivi: 53020219E

Date on Document / Date du document: 25 Oct 2015

Date Rec'vd (by PCO) / Date de récept.: 29 Oct 2015

For additional information, please call 941-6887

Pour de plus amples informations, veuillez composer le 941-6887

Date of this E-Mail / Date de la transmission : Fri 8 Jan 2016 10:58:55 AM

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53 020219



Faculty of Medicine
School of Public & Population Health
Master of Health Administration Program
email: @ubc.ca

University of British Columbia, BC, Canada



October 25th, 2015

The Right Honorable Justine Trudeau,
Prime Minister of Canada,
Ottawa, Ontario

Dear Prime Minister,

Congratulation to your recent successful leadership of the Federal Liberal Party to be elected by the people of Canada as the twenty third Prime Minister of our country, true North strong and free.

I like to state that I have never been a member of any Federal or Provincial political parties. I am writing to you sir, to sincerely reflect, without any political agenda, the serious concerns of the Chinese Canadian communities about your election promise to quickly legalize cannabis through legislations in the next Parliament. As a medical professional and community leader, I am quite aware of the concerns of the Chinese Canadian communities, especially in Metro Vancouver and Toronto.

I earnestly suggest to you sir, an open and transparent consultative process with the Chinese Canadian communities, especially the parents with school aged children, about the implementation of the legalization of cannabis, is of utmost importance. The consultative process can also provide proper and much appreciated education of the Chinese Canadian communities about the Government's objectives in bringing forth this legislation.

As you said in your victory speech, you were successfully elected as Prime Minister because most importantly, you listened to the people. The consultation with the Chinese Canadian communities would truly exemplify the vision and commitment of your government.

Yours Sincerely,

University of British Columbia

The Right Honorable Justin Trudeau,
Prime Minister Elect.

House of Parliament

OTTAWA

ONTARIO

MHU / UTC

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NCUER3
150017

January 6, 2016

[REDACTED]
University of British Columbia
Suite 1555
4380 No. Three Road
Richmond, British Columbia
V6X 3V7

Dear [REDACTED]

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding the legalization and regulation of marijuana. Thank you for your kind words of congratulation for the Prime Minister. I regret the delay in replying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised falls within the responsibilities of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding copies of your letter to them. I am certain that the ministers will wish to give your concerns every consideration.

Once again, thank you for writing to the Prime Minister.

Yours sincerely,

S. Russell
Executive Correspondence Officer

MCU / UCM
Ministerial Correspondence Unit / Unité de la correspondance ministérielle
Routing Slip / Feuille de contrôle

Document Date / Date du document: 2016-01-08
Date of Receipt / Reçu le: 2016-01-08

MCU # / # UCM: 2016-001000

Author / S. Russell
Auteur: Executive Correspondence Officer

Prime Minister's Office

Ottawa ON K1A 0A6

CIMSOPER@pco-bcp.gc.ca

Copy to: [REDACTED]

Doc Type / Type de Doc: R

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-25

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED3

Assigned Date / Assigné le: 2016-01-14

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Ministerial Correspondence Unit - Justice Canada


From: CIMS_OPER <CIMSOPER@pco-bcp.gc.ca>
Sent: January-08-16 10:53 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FROM : Privy Council Office - Bureau du conseil privé [Mail # : 195965 Folder # : 908602
Tracking # : 53130134E]
Attachments: Reply.doc.docx; Image1.TIF

Attention : Jody Wilson-Raybould, P.C., M.P., Minister of Justice and Attorney General of Canada

The attached correspondence addressed to the Prime Minister is forwarded to your office for action or information as appropriate.

La correspondance ci-jointe adressée au Premier Ministre vous est transmise pour suite à donner ou pour information.

Correspondent / Correspondant :


Canadian Centre on Substance Abuse
Suite 500
75 Albert Street
Ottawa (Ontario)
K1P 5E7

Keywords / Mots-clés : Marijuana - Neutral

Folder Number / Numéro de dossier: 908602

Tracking Number / Numéro de suivi: 53130134E

Date on Document / Date du document: 04 Nov 2015

Date Rec'd (by PCO) / Date de récept.: 09 Nov 2015

For additional information, please call 941-6887

Pour de plus amples informations, veuillez composer le 941-6887

Date of this E-Mail / Date de la transmission : Fri 8 Jan 2016 10:52:56 AM



Canadian Centre
on Substance Abuse

Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.

53130134

November 4, 2015
The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Langevin Block
Ottawa, ON K1A 0A6

Dear Prime Minister:

On behalf of the Canadian Centre on Substance Abuse (CCSA), I would like to congratulate you on your re-election and new role as the 23rd Prime Minister of Canada.

Created by a federal Act of Parliament in 1988 to provide expert advice, information and support in matters related to substance use and abuse in Canada, CCSA is the only national organization with a legislated mandate to address the harmful effects of alcohol and drugs on the health and safety of Canadians.

For more than 25 years, CCSA has been the source of evidence-based best advice that advances research knowledge, informs policy, changes practice and improves services for education, prevention, treatment and recovery. We represent the federal investment in addiction — a trusted asset for all stakeholders engaged in the field of substance abuse.

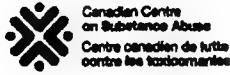
As mothers, fathers, sons and daughters, we see first hand the fear and shame due to the stigma and discrimination in our society felt by Canadians struggling with substance abuse and addiction, including when substance abuse and addiction stand alone and when mental health and substance abuse intersect. CCSA also strives to change perceptions: science has shown that the disease of addiction is a relapsing brain disorder. With the right prevention services, the right interventions and the right treatments, long-term recovery and a person's return to family, community and the workplace is both attainable and sustainable. Recovery is real. This reality is at the heart of what we do every day at CCSA.

Specifically, we look forward to continuing our collaboration with you and your new cabinet as you develop the approaches towards implementing your stated objective of legalizing, regulating and restricting access to marijuana.

At CCSA, we lead national, evidence-informed, multi-sectoral dialogue together with key stakeholders to inform made-in-Canada policy options that aim to reduce the known and potential negative health, social, economic and criminal justice impacts of marijuana use in Canada. CCSA's subject-matter expertise on cannabis and cannabis-impaired driving is founded in the research, policy and knowledge exchange that has been our focus for many years. Changes to marijuana policy should be based on the principles of applying available evidence, reducing harms, promoting public health and safety, and administering the law equitably.

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The Right Honourable Justin Trudeau, P.C., M.P.
November 4, 2015
Page 2

CCSA is uniquely positioned to fully contribute to the task force that your government will be establishing to study marijuana. In 2005, CCSA released the National Framework for Action, Canada's addiction strategy to address the harms of alcohol and drugs in our society, which was the result of a two-year national consultation. We have proven expertise and respected reputation for establishing and convening expert national advisory councils that actively engage federal, provincial, territorial and multi-sectoral partners and stakeholders to produce key research reports and national strategies. This expertise is further demonstrated by the national groups we have established such as our National Alcohol Strategy Advisory Council (2007 to present), our Scientific Advisory Council (2007 to present), our National Advisory Council on Prescription Drug Misuse (2012 to present) and our Expert Advisory Group on Cannabis (2014 to present). As the leading voice in Canada for providing evidence-based information related to substance abuse and addiction, we look forward to providing our expertise towards task force creation and membership, and joining in the key ongoing policy discussions that will take place on Parliament Hill.

Further, in 2015 CCSA led delegations to gather evidence and experience in both Colorado and Washington states about the health, social and public safety impacts of cannabis legalization. Our report findings highlighting lessons learned will be released during CCSA's biennial Issues of Substance conference in Montreal on November 17. Pre-briefings revealing our embargoed report findings will be offered.

Our vision at CCSA is to provide national leadership and advance solutions to see Canadians live in a healthy society free of alcohol- and other drug-related harms. We take pride in bringing people and knowledge together to reduce the effect of these harms on society and we stand ready to assist.

We look forward to meeting soon and collaborating with your key ministries, namely Health; Public Safety and Emergency Preparedness; Justice and Attorney General of Canada; Finance; Transport; Status of Women; Indigenous and Northern Affairs; Families, Children and Social Development; Employment, Workforce Development and Labour, as well as the portfolios related to the Public Health Agency of Canada, seniors, youth and sport, on ways to reduce the harm of alcohol and other drugs on all Canadians.

Congratulations again and I wish you every success as you lead our country.
Yours sincerely,



Canadian Centre on Substance Abuse



Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.

Le 4 novembre 2015
Le très honorable Justin Trudeau, C.P., député
Premier Ministre du Canada
Édifice Langevin
Ottawa (Ontario) K1A 0A6

Monsieur le Premier Ministre,

Au nom du Centre canadien de lutte contre les toxicomanies (CCLT), je tiens à vous féliciter pour votre réélection ainsi que pour votre nouveau rôle de 23^e premier ministre du Canada.

Établi en 1988 par une loi du Parlement fédéral pour fournir des conseils d'experts, de l'information et du soutien relatifs à la consommation et à l'abus de substances au Canada, le CCLT est le seul organisme national titulaire d'un mandat législatif pour lutter contre les effets néfastes de l'alcool et de la drogue sur la santé et la sécurité de la population canadienne.

Le CCLT produit depuis plus de 25 ans des conseils avisés qui sont fondés sur des données probantes et qui avancent des connaissances issues de la recherche, éclairent l'élaboration de politiques, renforcent la pratique et améliorent les services d'éducation, de prévention, de traitement et de rétablissement. Nous représentons les investissements fédéraux dans la dépendance – un organisme de confiance pour tous les intervenants du domaine de la toxicomanie.

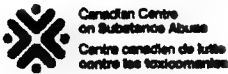
En tant que pères, mères, fils et filles, nous voyons de nos propres yeux la peur et la honte qu'entraînent la stigmatisation et la discrimination dans notre société envers les Canadiennes et les Canadiens aux prises avec la toxicomanie ou la dépendance, qu'elles soient accompagnées ou non de troubles de santé mentale. Le CCLT œuvre à faire évoluer les perceptions : la science a montré que la maladie de la dépendance est un trouble cérébral récurrent. Avec les bons services de prévention, les bonnes interventions et les bons traitements, le rétablissement à long terme et le retour d'une personne dans sa famille, sa communauté et le milieu de travail sont à la fois possibles et viables. Le rétablissement est réel. Cette réalité est au cœur des activités quotidiennes du CCLT.

Ainsi, c'est avec intérêt que nous anticipons poursuivre notre collaboration avec vous et votre nouveau conseil des ministres lors de l'élaboration de démarches visant votre objectif de légaliser et réglementer la marijuana, mais aussi restreindre l'accès à cette drogue.

De concert avec des intervenants clés, le CCLT mène des discussions pancanadiennes multisectorielles qui s'appuient sur des données probantes afin d'apporter un éclairage sur des options stratégiques toutes canadiennes ayant pour objet de réduire les répercussions connues et potentiellement négatives de la consommation de marijuana sur la santé, la société, l'économie et la justice pénale. L'expertise du CCLT sur le cannabis et la conduite avec facultés affaiblies par le cannabis est le fruit de nombreuses années de travail axé sur la recherche, les politiques et l'échange des connaissances. Les changements apportés aux politiques sur la marijuana devraient suivre certains principes – utiliser les données probantes disponibles, promouvoir la santé et la sécurité publiques, réduire les méfaits et appliquer équitablement la loi.

.../2

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Le très honorable Justin Trudeau, C.P., député
Le 4 novembre 2015
Page 2

Le CCLT occupe une place unique qui lui permettrait de contribuer pleinement au groupe de travail sur la marijuana qu'établira votre gouvernement. En 2005, le CCLT a publié le Cadre national d'action, une stratégie élaborée à la suite d'un processus de consultation de deux ans pour offrir des réponses à la question de la dépendance et réduire les méfaits liés à l'alcool et à la drogue au Canada. Le CCLT a démontré son expertise et mérité sa réputation en ce qui concerne la mise en place de comités consultatifs nationaux qui suscitent la participation active d'experts des paliers fédéral, provincial et territorial ainsi que des partenaires et intervenants multisectoriels et produisent d'importantes études de recherche et stratégies nationales. Les groupes nationaux que nous avons établis témoignent eux aussi de cette expertise, y compris notre Comité consultatif sur la Stratégie nationale sur l'alcool (2007 jusqu'à présent), notre Conseil consultatif scientifique (2007 jusqu'à présent), notre Conseil consultatif national sur l'abus de médicaments sur ordonnance (2012 jusqu'à présent) et notre Groupe consultatif d'experts sur le cannabis (2014 jusqu'à présent). En tant que chef de file au Canada fournissant de l'information fondée sur des données probantes sur l'abus de substances et la dépendance, c'est avec intérêt que nous anticipons offrir notre expertise relativement à la création et à la composition du groupe de travail et participer aux importants échanges sur le plan des politiques qui se poursuivront sur la Colline du Parlement.

En 2015, le CCLT a également conduit des délégations dans les États du Colorado et de Washington afin de recueillir de l'information factuelle sur l'expérience de ces États quant aux répercussions de la légalisation du cannabis sur la santé, la société et la sécurité publique. Notre rapport présentant les leçons retenues sera publié le 17 novembre pendant Questions de substance, le congrès biennal du CCLT, qui se tiendra cette année à Montréal. Des séances d'information préalables seront offertes sur les constatations du rapport sous embargo.

La vision du CCLT est d'assurer un leadership national et de promouvoir des solutions permettant à nos concitoyens de vivre dans une société saine exempte des méfaits de l'alcool et des autres drogues. Nous sommes fiers de mobiliser les gens et les connaissances afin de réduire l'incidence de ces méfaits sur la société et nous demeurons à votre disposition en ce sens.

Nous avons hâte de vous rencontrer et de collaborer bientôt avec vous et vos ministères et agences clés – notamment ceux de la Santé; de la Sécurité publique et de la Protection civile; de la Justice; des Finances; des Transports; de la Condition féminine; des Affaires autochtones et du Nord; de la Famille, des Enfants et du Développement social; de l'Emploi, du Développement de la main-d'œuvre et du Travail, ainsi que la procureure générale du Canada et les portefeuilles liés à l'Agence de la santé publique du Canada, aux aînés, aux jeunes et au sport – sur des moyens de réduire les méfaits de l'alcool et des autres drogues pour l'ensemble de la population canadienne.

Je vous félicite de nouveau et vous souhaite tout le succès possible aux commandes de notre pays.

Je vous prie d'agréer, Monsieur le Premier Ministre, l'expression de ma très haute considération.


Centre canadien de lutte contre les toxicomanies



Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

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Collaboration. Connaissance. Changement.

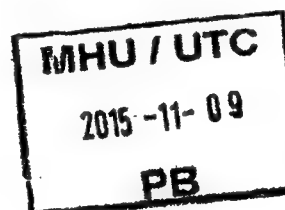
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www.ccsa.ca

500-75 rue Albert
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Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2



A-00196

150017

c/w DIS-01422

s.19(1)

January 6, 2016

[REDACTED]
Canadian Centre on Substance Abuse
Suite 500
75 Albert Street
Ottawa, Ontario
K1P 5E7

Dear [REDACTED]

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence of November 4 regarding the regulation of marijuana. Thank you for your kind words of congratulation for the Prime Minister.

Please be assured that your comments, offered on behalf of the Canadian Centre on Substance Abuse, have been carefully reviewed. As the issue you have raised is of interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I have taken the liberty of forwarding a copy of your letter to her. I am certain that the Minister will wish to give your views every consideration.

COPIE

Yours sincerely,

S. Russell
Executive Correspondence Officer

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Author / S. Russell
Auteur: Executive Correspondence Officer

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Prime Minister's Office

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Ottawa ON K1A 0A6

Due Date / Date d'échéance: 2016-01-22

CIMSOPER@pco-bcp.gc.ca

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c/w D15-014418

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- ☐ Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
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150017 *

Ministerial Correspondence Unit - Justice Canada

From: [REDACTED]
Sent: January-09-16 6:10 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: Re legalizing cannabis

January 9, 2016

Bill Blair, MP
mcu@justice.gc.ca

Re legalizing cannabis

Greetings Bill Blair,

Congratulations on your appointment to bring about the legalization of cannabis.

In order to keep the process as simple as possible, I suggest that you focus on taking cannabis offences out of the Criminal Code and any other legislation in which they occur, and then leave it up to the provinces to establish their own systems of regulation, as is done with alcohol.

However, having said that, I further suggest that you urge the provinces to adopt legislation modeled on the system of alcohol regulation in B.C. (and perhaps other provinces) which encompasses several modes of access—from a government or private liquor store; from cold beer and wine outlets; from wineries; from craft breweries and distilleries; from brewing one's own in modest quantities; and from brew-shops designed to help amateurs in such brewing. This could easily be adapted to regulate cannabis, including cannabiseries; the production of food, creams, oil, and tinctures; growing one's own, and allowing grow-shops to aid the inexperienced in doing so, and so forth.

The advantages of this course of action is that it offers customers a range of options to satisfy their needs, and that using an already-established provincial model would facilitate relatively uniform cannabis laws and taxation levels across the country to guard against black markets developing where there are gaps. While high 'sin' taxes are generally accepted, taxation should not be so high as to motivate users to resort to the black market.

Colorado in general seems to offer a good model. Recent data shows that use of marijuana by teen-agers in that state has not significantly increased. However, one lesson to be learned from them is to make sure that banks and credit unions can legally serve properly-established cannabis outlets, to serve as one more bulwark against organized crime muscling into the business.

As I'm sure you're aware, all the downsides brought up to protest legalization—impaired driving, access by minors, etc.—already exist, plus the running sore of organized crime's gang wars and untaxed cash flow.

On the whole, cannabis is a much safer, more benign drug than alcohol, and the more citizens are able to use cannabis instead of alcohol, the better off—the more peaceful, less aggressive—society as whole will be, in addition to the tax spending saved and the tax revenues increased.

There are all sorts of alarmists regarding legalization; I trust you will not be swayed by those who seem to think that the status quo—which favours criminal gangs—is preferable to the legal and orderly use of cannabis by adult citizens.

Best wishes for a successful outcome.

[REDACTED]
Victoria

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Due Date: 2016-03-11

150017

2016-002231

[REDACTED]

Correspondence from the Minister of Justice and Attorney General of Canada

Dear [REDACTED]

Thank you for your correspondence concerning second-hand smoke from marijuana. The office of Mr. Terry Sheehan, Member of Parliament, has also forwarded to me a copy of your correspondence on this issue.

The matter you raise falls within the purview of my colleague the Honourable Jane Philpott, Minister of Health. I have therefore taken the liberty of forwarding a copy of your correspondence to Minister Philpott for her information and consideration.

Thank you again for writing.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., M.P.

c.c.: Mr. Terry Sheehan, M.P.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

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A16-002231
MCA RLL/MCUI DE
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Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-04-16 12:55 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: please protect kids

C/W R16-002228
CP

From: Sheehan, Terry - M.P.
Sent: December 22, 2015 9:37 AM
To: Wilson-Raybould, Jody - M.P.
Subject: Fw: please protect kids

Dear Madame Minister:

I received an email dated December 3, 2015 from [REDACTED] who addressed concerns regarding the proposal to legalize, regulate and restrict access to marijuana. His worry is the issue of second-hand smoke exposure, particularly for children exposed to parents smoking at home.

I am taking the liberty of forwarding a copy of the email to you for your further review and consideration.

In advance, I thank you for your attention to this matter.

Sincerely,

Terry Sheehan, M.P.
Sault Ste. Marie

From: [REDACTED] <[REDACTED]@sympatico.ca>
Sent: December 3, 2015 12:00 AM
To: Sheehan, Terry - M.P.
Subject: please protect kids

Scofield said one of the most chilling aspects of an expanded smoking of marijuana is the issue of second-hand smoke exposure, particularly for children exposed to parents smoking at home.

"We know that marijuana has 2.5 times the carcinogen content of ordinary tobacco," she said.

It also puts marijuana into the bodies of even very young children, however.

"It's not uncommon in our drug-testing business to see very young children testing positive for marijuana based on exposure to their parents' smoke," she said.

This will only increase if there is widespread availability of the drug, based on hospital data from other states.

The federal report cited data on spikes in emergency room visits for children accidentally ingesting marijuana after Colorado's legalization in 2012, and a similar trend is seen in parents' calls to poison centers for children needing intervention between 2005 and 2011 in states where marijuana was becoming legal for medical use.

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Calls were up by 30 percent in states with legalized marijuana compared with states that did not legalize medical use of the drug, according to the report.



RIL-001308

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Ministerial Correspondence Unit - Justice Canada

From: [REDACTED]@shaw.ca>
Sent: January-15-16 4:58 PM
To: pm@pm.gc.ca; Ministerial Correspondence Unit - Justice Canada
Subject: Re legalizing cannabis and international treaties

Summary Report &
PC ch

January 15, 2016

Prime Minister Justin Trudeau pm@pm.gc.ca
Bill Blair, MP mcu@justice.gc.ca

Re legalizing cannabis and international treaties

Greetings, gentlemen.

No, you do NOT have to obtain permission from other countries to legalize cannabis in Canada. Those treaties are examples of bad law, and all you need to do is state that you will no longer continue to subject Canadians to such bad laws, and the bad consequences such laws inflict, among the most egregious of which is the support of organized crime.

Canada will, therefore, proceed with legalizing cannabis, not only to address the needs and wishes of Canadians, but also as part of our efforts to eradicate criminal organizations by cutting off their cash flow.

At the upcoming UN conference on drugs, Canada's position should be that criminalizing drug use creates far more problems than the one it purports to address—drug addiction—while making drug addiction itself more likely to occur, and more difficult to treat. You should take the position, and stick to it, that Canada will not be a party to any treaty that continues the misguided policies that constitute the 'the war on drugs'.

The least expensive, most effective action against organized crime, at home and internationally, is to legalize the use and possession of all drugs while imposing strict regulations on the most dangerous, including permission for doctors to prescribe maintenance doses (of heroin, for example), as necessary.

Do you have the courage to stand up for the welfare of Canadians against any push-back from other countries? I hope for the best, and fear the worst.

[REDACTED]
Victoria V

s.19(1)

Ministerial Correspondence Unit - Justice Canada

R16-001541

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: 2016-Jan-12 3:38 PM
To: [REDACTED]
Cc: Ministerial Correspondence Unit - Justice Canada
Subject: Office of the Prime Minister / Cabinet du Premier ministre

MCUED2

110003

Dear [REDACTED]:

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence, in which you raised an issue that falls within the portfolio of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada.

Please be assured that your comments have been carefully reviewed. I have taken the liberty of forwarding your e-mail to Minister Wilson-Raybould, who, I am certain, will wish to give your views every consideration.

Thank you for taking the time to write.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From: [REDACTED]@gmail.com Received: 18
Dec 2015 02:00:24 AM >>>

>>> Subject: >>>>

Hello Justin Trudeau,

[REDACTED] and this past election was the first time I have been able to vote. Though I didn't vote for you, I do support you and am most curious as to how the next four years will unfold.

I am very optimistic about your future and the relationship you have with Canada. I see a lot of potential and I am very moved by your acknowledgement of the abuse of first nations peoples in Canada. I hope you are able to stick by some promises you make. I am hoping the government's relationship with the aboriginal population remains a priority. I also am very much in support of the decriminalization of substances such as marijuana.

I am writing you because there is another issue I want to see you acknowledge or make change towards. I want to know how you see yourself and your government influencing the violence facing the vast population of sex workers in Canada. Sex workers make up a huge amount of our population: Dancers, escorts, porn, hookers, etcetera.

The sex trade is one of the world's eldest professions, yet suffers biases and violence that ensure a lack of safety for majority of workers.

Many of the missing and murdered aboriginal women (particularly in the Vancouver east end) were involved in the sex trade. I want to see a government that provides security for all it's residents. No one deserves to go to work unsure if they will return in the same condition.

I want to see prostitution decriminalized and supports offered to aide the safety of these men and women.

I am passionate about many issues in Canada, but just attended a march to end violence against sex workers, so the topic is fresh in my brain.

I just do not understand why instead of at the very least trying to monitor prostitution, it is a punishable act. This is what many do to survive, not to mention those forced or coerced into the trade. By making prostitution a punishable act you increase the risk for violence for this population. It is the silence and shame surrounding this profession that allow for rape, assault, and murder to occur. Silence perpetrates the violence. And we have all had enough violence.

I hope you hear me and that this reaches you.
I hope you are able to return this email.

Thank you, all my relations,

116-001523

MCW FILE

150017

CP



January 13, 2016

The Right Honourable Justin Trudeau
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, Ontario K1A 0A2

Dear Mr. Prime Minister:

On behalf of City of Duncan Council, we would like to congratulate you on your recent impressive election victory. As Canada's newest Prime Minister, we look forward to your fresh perspective and send our best wishes for your every success and wisdom in discharging the important and responsible duties of your position.

I am writing to you today to ask that your government move forward with some dispatch in outlining the framework for the government's plans to legalize marijuana. We understand that the government will establish a federal/provincial/territorial task force to seek input from experts in public health, substance abuse, and law enforcement to design a new system of strict marijuana sales and distribution with federal and provincial excise taxes applied.

Local governments are currently struggling with the complexities of the law related to legal "licenced producers" through the Marijuana for Medical Purposes Regulation (MMPR) vs. illegal medicinal marijuana dispensary retail storefronts operating as non-profit societies. These struggles became even more prevalent when the Liberal government announced it would legalize marijuana, if elected. Many of these retail operators believe that with the federal plan to legalize marijuana, coupled with their provincial non-profit society status, it allows them to legally operate and as such are establishing themselves in large numbers across BC. An added complication is that many local government business licence bylaws, which would normally regulate use, do not require non-profit societies to obtain a business licence. This loop hole gives them the opportunity to bypass the local government business licence approval process of which enforcement then falls to the RCMP. The City also does not wish to ignore federal law and proceed with regulating an illegal use such has been done in other local governments. Zoning bylaws are another avenue available to local governments but regulating a use that is illegal sends the wrong message.

This issue has been thoroughly reviewed by City Council and staff and Council recently adopt a zoning bylaw to add "marijuana operation" to the list of prohibited uses in all zones until such time as the federal legislation changes to permit retail sales and clear policy has been established. This has afforded the City the opportunity to take a more measured approach in considering appropriate regulations and locations for this type of business when it does become legal. However, in the interim, it has become a quagmire for local politicians and explaining the legal complexities to our constituents is burdensome.

CITY OF TOTEMS

200 Craig Street, Duncan, B.C. V9L 1W3 T: 250-746-6126 F: 250-746-6129 E: duncan@duncan.ca W: www.duncan.ca

cowichan

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Page 2 of 2

In studying this issue, it further highlighted to Council that the lion's share of the work for regulation and enforcement of retail dispensaries may well fall to local governments. As such, City Council unanimously supported a resolution, at its December 21, 2015 meeting, asking that a portion of any future federal or provincial taxes collected through marijuana sales and distribution be shared with local governments, perhaps similar to the Federal Gas Tax program.

On behalf of Council we look forward to your thoughtful consideration of this request and respectfully request that the concept of tax sharing with local governments be forwarded to the task force looking into the new system of marijuana sales and distribution. We also seek assurances that local governments will be consulted (i.e. through the Federation of Canadian Municipalities (FCM) and that there will be local government representation on the task force.

Sincerely,



cc: The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Alistair MacGregor, MP for Cowichan-Malahat-Langford

CITY OF TOTE MS

200 Craig Street, Duncan, B.C. V9L 1W3 T: 250-746-6126 F: 250-746-6129 E: duncan@duncan.ca W: www.duncan.ca

cowichan

000248

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-14-16 10:21 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Letter to Prime Minister Re: Marijuana Sales Tax
Attachments: 2015-01-07 Letter to PM - Marijuana Sales Tax.pdf

From: [REDACTED]
Sent: January 13, 2016 4:06 PM
To: Trudeau, Justin - Député
Cc: Wilson-Raybould, Jody - M.P.; MacGregor, Alistair - M.P.
Subject: Letter to Prime Minister Re: Marijuana Sales Tax

Good afternoon:

Attached please find a copy of a letter from [REDACTED] to the Prime Minister regarding the task force that is being established to seek input related to the marijuana sales and distribution.

Regards

[REDACTED]
City of Duncan
200 Craig Street, Duncan, BC, V9L 1W3
Phone: 250-746-6126
Fax: 250-746-6129
www.duncan.ca

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**Attorney General
Justice
Office of the Minister**

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JAN 14 2016

Minister Jody Wilson-Raybould
Federal Minister of Justice and
Attorney General of Canada
Government of Canada
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister Wilson-Raybould:

I would like to thank you again for reaching out; it was a pleasure speaking with you on November 26, 2015.

During our conversation we discussed the good work being done at Dalhousie University to ensure the legal profession reflects the diversity of our community. As promised, I've attached a brochure and a 25th anniversary booklet on the Indigenous Blacks and Mi'kmaq (IB&M) Initiative at the Schulich School of Law at Dalhousie. I would be happy to put you in touch with the program's director, should you require additional information.

[Redacted signature block]

I look forward to meeting you in person at upcoming meetings in Quebec City.

Sincerely,

[Redacted signature block]

Honourable Diana Whalen
Minister of Justice and Attorney General

Indigenous Blacks & Mi'kmaq Initiative

The IB&M Initiative was established in 1989 to reduce structural and systemic discrimination by increasing the representation of Indigenous Blacks and Mi'kmaq in the legal profession.

The creation of the IB&M Initiative was the result of a number of factors including:

- 1 the efforts of African Nova Scotians and the Mi'kmaq to gain access to legal education and the legal profession and to address racism in the legal system;
- 2 the 1989 *Royal Commission on the Donald Marshall Jr. Prosecution*, which examined racism in the justice system and found that there were very few Indigenous Black lawyers in Nova Scotia and no Mi'kmaq lawyers; and
- 3 a Dalhousie university-wide study on access to education.

Faculty members at the Schulich School of Law were involved in these initiatives and joined with African Nova Scotians and the Mi'kmaq to launch the IB&M Initiative.

The IB&M Initiative works to ensure that Mi'kmaq and African Nova Scotian students and other Aboriginal and Black students are represented at the Schulich School of Law. The initiative involves community outreach and recruiting, providing some students funding, no eligible students and other supports, developing scholarship in the areas of Aboriginal Law and African Canadian legal perspectives, and providing career placement support.

Students who are recruited to the Schulich School of Law through the IB&M Initiative join the regular first year class, write the same exams, complete the same work and earn the same Juris Doctor (JD) degree as do all other students at the Schulich School of Law.

Since the inception of the IB&M Initiative, more than 155 Black and Aboriginal law graduates have gone on to successful careers, and have taken up a range of leadership roles across Nova Scotia and beyond.

Admissions and criteria for admission

The primary focus of the IB&M Initiative is on students who are either:

- **Indigenous Black Nova Scotians**, that is, individuals who are Black and were born or raised in Nova Scotia, or who have a substantial connection to a historically Black community in Nova Scotia; or
- **Mi'kmaq**, that is, individuals who are Mi'kmaq and were born or raised in Mi'kmaqi or have a substantial connection to a Mi'kmaq community in Mi'kmaqi.

The IB&M Initiative places the admission of Indigenous Black and Mi'kmaq students as its highest priority. However, other Black and Aboriginal students from across Canada are also urged to apply to the Schulich School of Law. If, in any given year all qualified Indigenous Black and Mi'kmaq students have been admitted and there are still spaces available, Black students who are not indigenous to Nova Scotia and Aboriginal students who are not Mi'kmaq, may be admitted through the IB&M category.

How to apply

The application form for the IB&M Initiative is the same as the application form for all students applying to Dalhousie Law School. Applicants should indicate their desire to be considered for admission through the IB&M category on the Faculty of Law Application Form, and in their Personal Statement.

You must provide the following information as part of the Law School Application:

- Academic Transcripts from all universities and colleges attended;
- Law School Admission Test (LSAT) score (The latest date to write the LSAT for September admission is February);
- Personal Statement; tell us about yourself. E.g., Why do you want to study law? What is your connection to the Indigenous Black or Mi'kmaq community?
- Résumé with work history and community activities
- References: Two academic references if you are in school. If you have been out of school for more than five years, submit work and/or community references.

The Admissions Committee reviews all applications and determines which applicants should be interviewed.

The interview usually takes place in the spring and the Admissions Committee usually makes offers of admission to students by mid-April.

It is recommended that all students who apply for admission through the IB&M Initiative have completed a university degree or at least ten university credits prior to admission. However, the Initiative does admit a limited number of mature students (defined as a student who is twenty-six years of age or older with less than ten university credits). A mature student should demonstrate that her/his non-academic experience (either through work experience or volunteer activities) is equivalent to the formal academic education required of other applicants.



Pre-law course

Pre-law is a four-week course for qualified IB&M applicants, usually offered during the month of May. The focus of pre-law is to provide an intensive introduction to the legal research, reasoning and writing skills critical to success at law school. Pre-law also evaluates students for admissions purposes, and students in pre-law must successfully complete the course in order to proceed to the Schulich School of Law in September.

Funding

Partial funding for tuition, books and housing may be available to Indigenous Black and Mi'kmaq students on the basis of need. Students who do not meet the definition of Indigenous Black or Mi'kmaq as set out above are not eligible for funding from the IB&M Initiative, however, all students may apply for general bursary assistance from the Schulich School of Law. Applicants are expected to explore all options for financing their education, including student loans, Inspire Post-Secondary Education Scholarships and possible Band funding, prior to the beginning of their first year.

Schulich School of Law

In continuous operation since 1883, the Schulich School of Law has maintained a commitment to public service in keeping with the vision of its founder, Richard Chapman Weldon. For him, public service had a lot to do with politics. In modern times, the Weldon Tradition has come to imply that those trained in the law should have a commitment to their community, a commitment which may manifest itself in the practice of law as a serving profession, public or business life, or simply in informed social concern, as well as in political activity.

The Schulich School of Law offers a range of dynamic and challenging courses and is home to the Law and Technology Institute, the Health Law Institute and the Marine and Environmental Law Program (MELP). Students also have the opportunity to participate in international exchange programs and mooted competitions. In keeping with the goal of developing Aboriginal and African Canadian legal perspectives, the Law School offers an Aboriginal Peoples course, Critical Race and Legal Theory course, and an African Nova Scotian Legal Issues course. From 1996-2002, the Schulich School of Law served as the "home faculty" hosting the James Robinson Johnston Endowed Chair in Black Canadian Studies which was inaugurated by Dr. Esmeralda M.A. Thorhill.

The staff in the Career Development Office and the IB&M Initiative work with law firms, government and other organizations across the country to assist students in securing rewarding employment experiences.

EXCELLENCE

EQUITY

LEADERSHIP



For further information about the IB&M Initiative, please visit our website: ibandm.law.dal.ca or contact:

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The IB&M Initiative acknowledges the generous support of the Law Foundation of Nova Scotia, the Law Foundation of Ontario, the Nova Scotia Department of Justice, Dalhousie University and the Schulich School of Law.

SCHULICH

SCHOOL OF LAW

**Indigenous Blacks
and Mi'kmaq (IB&M)
Initiative**

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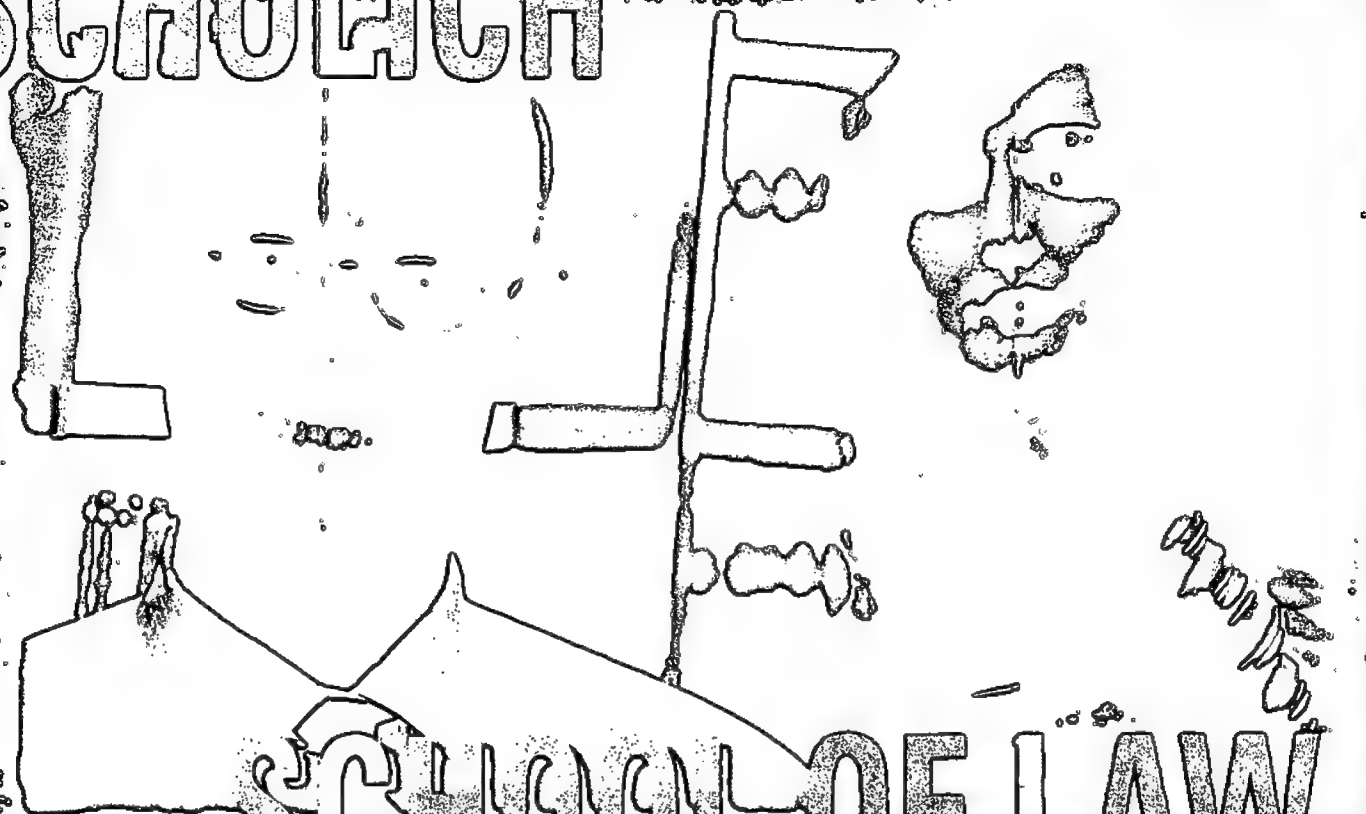
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The IB&M Initiative involves community outreach and recruiting; providing some student funding (to eligible students) and other supports; developing Aboriginal and African Canadian legal perspectives; and providing career placement support.

Students who are recruited to the Schulich School of Law through the IB&M Initiative join the regular first year class, write the same exams, complete the same work and earn the same Juris Doctor (JD) degree as do all other students at the Schulich

SCHULICH



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The Indigenous Blacks & Mi'kmaq

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House of Commons
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19(1), 21(1)(a), 21(1)(b)

**of the Access to Information Act
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Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

The Liberal electoral platform undertook to “legalize, regulate and restrict access to marijuana” and to establish a federal/provincial/territorial task force to design a strict sales and distribution system.

PROPOSED RESPONSE:

- **Our Government has committed to legalize and regulate marijuana, reflecting the view of a majority of Canadians who believe that marijuana use should no longer be subject to criminal penalties.**
- **By introducing a framework around the production and distribution of marijuana, and by ensure that strong sanctions exist for those who sell outside this framework, we will help keep it out of the hands of children, and the profits out of the hands of criminals.**
- **I am working with the ministers of Health and Public Safety and Emergency Preparedness to design a new system of strict marijuana production and distribution, with appropriate health safeguards and federal and provincial taxes applied.**
- **We are committed to reviewing evidence and best practices, and hearing from Canadians as we develop our approach.**

If asked about the RCMP laying charges against employees and owners or marijuana dispensaries or cases where charges have been laid for marijuana offences:

- **Charging people for criminal offences is the role of law enforcement agencies, including the RCMP. At this time, marijuana is still a Schedule II drug under the *Controlled Drugs and Substances Act* and, unless otherwise regulated for production and distribution, is subject to the offences under that legislation.**

If asked about the respective roles of the ministers of Justice, Health and Public Safety and Emergency Preparedness in dealing with the legalization of marijuana:

- **Together with my colleagues the Minister of Health and the Minister of Public Safety and Emergency Preparedness, we are working to meet this Government's commitment to legalize, regulate, and restrict marijuana.**

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act* (CDSA));
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
- to create a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution.

The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

The CDSA also imposes a number of mandatory minimum penalties for serious drug offences. None of these penalties apply to the offence of possession of small quantities of marijuana.

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Note pour la période de questions

LÉGALISATION DE LA MARIJUANA

SUJET :

Dans leur plate-forme électorale, les Libéraux se sont engagés à « légaliser et réglementer la marijuana et à en limiter l'accès » et à créer un groupe de travail fédéral-provincial-territorial qui mettra en place un réseau strict de vente et de distribution de marijuana.

RÉPONSE SUGGÉRÉE :

- **Notre gouvernement s'est engagé à légaliser et à réglementer la marijuana, engagement qui reflète le point de vue d'une majorité des Canadiennes et des Canadiens qui estiment que l'utilisation de la marijuana ne devrait plus faire l'objet de sanctions criminelles.**
- **En établissant un cadre entourant la production et la distribution de marijuana et en veillant à ce que des peines sévères soient infligées à ceux qui en vendront à l'extérieur de ce cadre, nous empêcherons la marijuana de tomber entre les mains des enfants et les criminels d'en tirer profit.**
- **Je collabore actuellement avec la ministre de la Santé et le ministre de la Sécurité publique et de la Protection civile en vue de concevoir un nouveau système strict de production et de distribution de marijuana, qui comprendra des mesures de protection pour la santé et qui sera assujéti aux taxes fédérales et provinciales.**
- **Dans le cadre de l'élaboration de notre approche, nous sommes déterminés à examiner les données et les pratiques exemplaires et à entendre les points de vue des Canadiennes et des Canadiens.**

Si une question est posée sur le fait que la GRC dépose des accusations contre des employés ou des propriétaires de dispensaires de marijuana ou sur des accusations portées pour des infractions relatives à la marijuana :

- **C'est le rôle des forces de l'ordre, notamment de la GRC, de porter des accusations relatives à des infractions criminelles. À l'heure actuelle, la marijuana est toujours une drogue inscrite à l'Annexe II de la *Loi réglementant certaines drogues et autres substances*, et, sauf dispositions législatives contraires relatives à sa production et distribution, elle reste**

assujettie aux infractions établies sous le régime de cette loi.

Si une question est posée sur les rôles respectifs de la ministre de la Justice, de la ministre de la Santé et du ministre de la Sécurité publique et de la Protection civile dans le dossier de la légalisation de la marijuana :

- **De concert avec mes collègues, la ministre de la Santé et le ministre de la Sécurité publique et de la Protection civile, nous travaillons à mettre en œuvre l'engagement que le gouvernement a pris de légaliser et de réglementer la marijuana et d'en limiter l'accès.**

CONTEXTE :

La Plate-forme de 2015 du Parti libéral proposait plus particulièrement ce qui suit :

- Retirer la consommation et la possession de marijuana du *Code criminel* (*Loi réglementant certaines drogues et autres substances*).
- Adopter des mesures législatives plus sévères pour punir les personnes qui en fournissent aux mineurs, les personnes qui conduisent un véhicule automobile sous l'effet de la drogue et les personnes qui en vendent à l'extérieur du nouveau cadre réglementaire.
- Créer un groupe de travail fédéral-provincial-territorial pour mettre en place un nouveau réseau strict de vente et de distribution de marijuana.

La ministre de la Santé et le ministre de la Sécurité publique et de la Protection civile piloteront cette initiative.

En vertu de la *Loi réglementant certaines drogues et autres substances*, le fait de posséder 30 grammes ou moins de cannabis (marijuana) ou 1 gramme de résine de cannabis (« une petite quantité de cannabis ») constitue une infraction punissable sur déclaration de culpabilité par procédure sommaire d'une peine maximale d'emprisonnement de six mois ou d'une amende maximale de 1 000 \$. La possession d'une plus grande quantité de ces substances constitue une infraction mixte punissable d'une peine maximale de cinq ans de prison moins une journée, si l'infraction était considérée comme un acte criminel (auteurs poursuivis par mise en accusation).

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s.21(1)(a)



Department of Justice
Canada

Ministère de la Justice
Canada

s.23

NUMERO DU DOSSIER/FILE #: 2015-012752

COTE DE SÉCURITÉ/SECURITY CLASSIFICATION: SECRET

TITRE/TITLE: Drug Impaired Driving (Marijuana)

SOMMAIRE EXÉCUTIF/EXECUTIVE SUMMARY

- This note provides an overview of the issues relating to drug-impaired driving [REDACTED] with an emphasis on marijuana.
 - There is currently no “legal limit” for drugs as there is for alcohol.
 - The legalization of marijuana could lead to a significant increase in drug-impaired driving.
 - There have been calls from MADD and police for “legal limits” on impairing drugs.
- [REDACTED]

Soumis par (secteur)/Submitted by (Sector): Policy Sector

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2015-012752

MEMORANDUM FOR THE MINISTER

Drug Impaired Driving (Marijuana)

ISSUE

This note provides an overview of the issues relating to drug-impaired driving with an emphasis on marijuana.

BACKGROUND

Impaired driving continues to kill and injure more Canadians than any other crime. In 2013, 97% of impaired driving incidents involved alcohol and 3% involved drugs. However, experts believe that drug-impaired driving is under-reported as it is more difficult for police to detect impairment by a drug. Cannabis is the most common impairing drug found in drivers. In a 2012 survey of drivers in British Columbia, 10.1% tested positive for drugs. Of these, 43.6% tested positive for cannabis and 33.0% tested positive for cocaine.

The *Criminal Code* prohibits driving while one's ability is impaired by alcohol or drugs or a combination of these. It is a separate offence to drive with a Blood Alcohol Concentration in excess of 80 mg of alcohol in 100 ml of blood (over 80). There is no similar "legal limit" for drugs. Police are authorized to demand breath samples, blood samples (sometimes) and compliance with physical tests. It is also an offence to refuse to comply with a valid demand. (Annex 1 sets out the relevant offences, penalties, investigative powers and procedures.)

Police can lay a charge of drug-impaired driving when there are signs of impairment and evidence that they are caused by a drug. The indicia of drug-impairment vary depending on the drug and, without training, drug-impairment can be hard to detect. The *Criminal Code* authorizes the police to demand that a driver perform standard field sobriety tests (SFST) at the roadside. If the person fails the 3-step SFST, the officer could then demand that an evaluation be conducted by an officer who is trained in the 12-step Drug Recognition and Evaluation (DRE) to determine whether the person is impaired by a drug and, if so, which class of drug is involved. DRE evidence is admissible at trial to prove the offence but SFST evidence is not. The DRE program has had a positive impact but challenges remain, in terms of training, retention and litigation.

CONSIDERATIONS

The legalization of marijuana could lead to a significant increase in the number of drug-impaired drivers. There is limited data available from two jurisdictions. For example, in Colorado, in the year following marijuana legalization, there was a 32% increase in marijuana-related traffic

deaths. In Washington, which legalized cannabis in 2012, the Washington Traffic Safety Commission reported in 2014, that 84.3% of drivers who tested positive for cannabinoids were positive for THC; this number almost doubled from the 44.4% in 2010. Of the 75 drivers involved in fatal crashes who tested positive for THC, 38% exceeded the statutory threshold limit of 5 ng/ml. The Washington Traffic Safety Commission noted, as well, that this data was insufficient to determine the link between THC and crash risk. While the DRE provisions could be strengthened, this response, alone, would be insufficient to respond to an increase in marijuana impaired driving. This is because there is an insufficient number of trained officers to conduct SFST and DRE evaluations, particularly in rural areas.

MADD Canada and the Canadian Association of Chiefs of Police have called for “legal limits” on impairing drugs in the body and for mandatory roadside oral fluid drug screening tests, as has been done in many jurisdictions. This approach would be akin to the legislation for the over 80 offence and roadside breath testing to screen for alcohol. (Annex 2 lists those jurisdictions that are known to have a legal limit on THC, the impairing ingredient of cannabis, in the blood.)

The Drugs and Driving Committee (DDC) of the Canadian Society of Forensic Science (CSFS) provides scientific advice to the federal government on this issue. It has been reviewing the scientific literature on legal limits for various impairing drugs, including THC, heroin, and cocaine. The DDC has also considered the reliability of the technology for oral fluid drug screening at the roadside. DDC is seeking funding to test oral fluid drug screeners in the field to determine their suitability for use by police in Canadian conditions to detect THC and some other drugs.

s.21(1)(a)

s.23



ANNEXES [2]

- Annex 1: Impaired Driving – Overview of *Criminal Code* Provisions
- Annex 2: US States and Other Countries with legal limits of THC

PREPARED BY

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January 29, 2016

ANNEX 1

IMPAIRED DRIVING – OVERVIEW OF *CRIMINAL CODE* PROVISIONS

OFFENCES: The basic offences are:

- Driving while impaired by alcohol or a drug or a combination of alcohol or a drug
- Driving with a Blood Alcohol Concentration (BAC) over 80 mg/100 mL of blood
- Refusal without a reasonable excuse to comply with a demand

There are separate offences for each of these offences where they cause bodily harm or death. A person cannot be convicted of both impaired and over 80 for the same incident.

PENALTIES:

Mandatory minimum penalties (MMPs) whether prosecuted summarily or on indictment:

- 1st offence – \$1,000
- 2nd offence – 30 days imprisonment
- 3rd offence – 120 days imprisonment

Section 255(3.3) makes these mandatory minimums also apply to offences causing bodily harm or death.

Maximum penalties:

- Basic offence – 18 months on summary conviction and 5 years on indictment
- Offences causing bodily harm – 14 years
- Offences causing death – life imprisonment

Section 255(5) allows a court to grant a conditional discharge for the offender to obtain curative treatment. This section was enacted in 1985 and only applies where proclaimed in force on the request of a province. It is not in force in ON, PQ, BC and NL.

A BAC over 160 is an aggravating factor for sentencing.

Prohibitions from driving:

Basic offences

- 1st offence – 1 to 3 years (eligible for ignition interlock after 3 months)
- 2nd offence – 2 to 5 years (eligible for ignition interlock after 6 months)
- 3rd offence – 3 years to life (eligible for ignition interlock after 12 months).

If the person is convicted of causing a death, there is no minimum and the maximum is life.

If the person is convicted of causing bodily harm, there is no minimum and the maximum is 10 years.

It is an offence to drive while prohibited except if the person is enrolled in and complying with an ignition interlock program.

Investigating over 80 driving: A police officer who suspects that a driver has alcohol in his body can demand a roadside breath test on an approved screening device (ASD) or that the person perform three

standardized field sobriety tests (SFST). The person must comply and is not entitled to consult counsel. Since the person has not consulted counsel, the results of these tests cannot be used to prove the offence.

If the ASD indicates WARN, the police can impose provincial sanctions as the person is over 50 but under 80. If the ASD indicates FAIL or, in the opinion of the officer, the person has failed SFST, the police can demand that the person submit to a breath test at the station on an approved instrument (AI). If the person is incapable of providing a breath sample, the police can demand a blood sample.

The person must be given the opportunity to consult counsel before the AI breath test or the taking of a sample of blood.

It is not necessary that the officer use an ASD or SFST to justify a demand for an AI test. Indicia of alcohol-impairment may be sufficient to lay the impaired driving charge.

Investigating drug-impaired driving: There are no legal limits on the concentration of any drug in the blood and there is no roadside screening for drugs. A police officer who suspects that a driver has a drug in the body can only demand that the person perform SFST.

Where the person fails SFST, the officer can demand that the person submit to an evaluation by an officer trained in Drug Recognition and Evaluation (DRE) at the station.

DRE is a 12 step program that use physical indicia (blood pressure, muscle tone, reaction to light etc.) and performance on divided attention tests to determine whether the person is impaired by a drug and, if so, which class of drug is causing the impairment.

The person must be given the right to counsel before submitting to the DRE examination.

Proving the over 80 offence: The BAC produced by an AI is proven if the AI was in proper working order and was operated properly.

The Code requires that there be two breath tests at least 15 minutes apart and the lower of the two results is used.

The offence, however, is over 80 at the time of driving not at the time of testing. BAC at time of testing is deemed to be BAC at time of driving if the first breath test was performed within two hours of the driving. If the first test is beyond two hours, a toxicologist must calculate what the BAC would have been at time of driving.

Proving the drug-impaired driving offence:

The offence is proven on the basis of the evidence of impairment shown at the time of driving, together with evidence of a drug that caused the observed impairment e.g., the officer smelled marijuana and the driver admitted using it.

Where a DRE has performed an evaluation, his or her opinion on impairment is admissible but it is only one piece of evidence to be weighed by the judge.

ANNEX 2

Unlike a blood alcohol concentration that can be correlated to the consumption of “standard drinks”, there is no “standard marijuana joint,” for example, to which THC or its metabolites in the blood or urine can be correlated. It cannot be said that “x” joints will get a particular person to “y” nanograms of THC.

US States with a legal limit on THC (7 States)

Colorado: 5 ng/ml of THC in blood

Iowa: 50 ng/ml of carboxy THC metabolites in urine

Montana: 5 ng/ml of THC in blood.

Nevada: 2 ng/ml of THC in blood or 10 ng/ml in urine

5 ng/ml of marijuana metabolite in blood or 15 ng/ml in urine

Ohio: Marijuana 10 ng/ml in urine; 2 ng/ml in blood

Marijuana metabolite 35 ng/ml in urine; 50 ng/ml in blood

Marijuana metabolite in combination with alcohol or other drugs -15 ng/ml in urine;
5 ng/ml in blood

Pennsylvania: 1 ng/ml of THC or its metabolites in blood is a violation of the administrative, highway traffic limit but is not enough to convict for offenses requiring impairment. In such a proceeding the state must show actual impairment.

Washington: THC in the blood above 5 ng/ml

US States with Zero Tolerance – presence in the blood is an offence (12 States)

Arizona, Delaware, Georgia, Illinois, Indiana, Iowa, Michigan, Oklahoma, Rhode Island, South Dakota, Utah, Wisconsin

US States with Legislative Defences for Medical Marijuana

States with THC Legal Limits: Ohio

States with Zero tolerance: Arizona, Delaware, Indiana, Michigan, Utah, Wisconsin

Rates of THC-impaired driving before and after legalization

According to the Colorado Department of Transport, in 2011 (the year before marijuana was legalized) 8.9% of drivers involved in fatal crashes tested positive for cannabis. In 2012 (the year marijuana was legalized) 5.7% of drivers involved in fatal crashes testing positive for cannabis.

In 2014 (when retail businesses started operating), 12.1% of drivers in fatal crashes tested positive.

According to the Rocky Mountain High Intensity Drug Trafficking Area, toxicology reports with positive marijuana results of active THC for primarily driving under the influence have increased 45% in one year.

According to the Washington Traffic Safety Commission, from the last half of 2013 (when recreational retail outlets opened) to the first half of 2015 the percentage of suspected impaired drivers testing positive for THC increased from 22.2% to 32.7%.

Some Other Countries with THC legal limits

Australia: All Australian states have a zero tolerance approach with random roadside testing.

United Kingdom: 2 ng/ml of THC in blood

Norway: Tiered penalties for 1.3 ng/ml, 3 ng/ml and 9 mg/ml of THC in blood

Ireland:¹ 1 ng/ml of THC or 5 ng/ml of cannabis metabolite in blood within three hours of driving.

¹ Legislation introduced in January 2016 but not passed.

s.21(1)(a)



Department of Justice
Canada

Ministère de la Justice
Canada

s.23

FOR INFORMATION

NUMERO DU DOSSIER/FILE #: 2016-001094

COTE DE SECURITE/SECURITY CLASSIFICATION: Confidential

TITRE/TITLE: Cannabis

SOMMAIRE EXÉCUTIF/EXECUTIVE SUMMARY

- This note provides an overview of issues [REDACTED] in relation to the legalization of cannabis for recreational purposes including:

- a summary of international treatment of cannabis.

Soumis par (secteur)/Submitted by (Sector):

Policy Sector

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Matt Ignatowicz

Soumis au CM/Submitted to MO: February 15, 2016



Department of Justice
Canada

Ministère de la Justice
Canada

s.21(1)(a)

s.23

Confidential
FOR INFORMATION

2016-001094

MEMORANDUM FOR THE MINISTER

Cannabis

ISSUE

This note provides an overview of issues [REDACTED] in relation to cannabis¹ for recreational purposes.



s.21(1)(a)

s.23



³ In the CDSA, cannabis (marihuana) refers to wet and dried plant material.

s.21(1)(a)

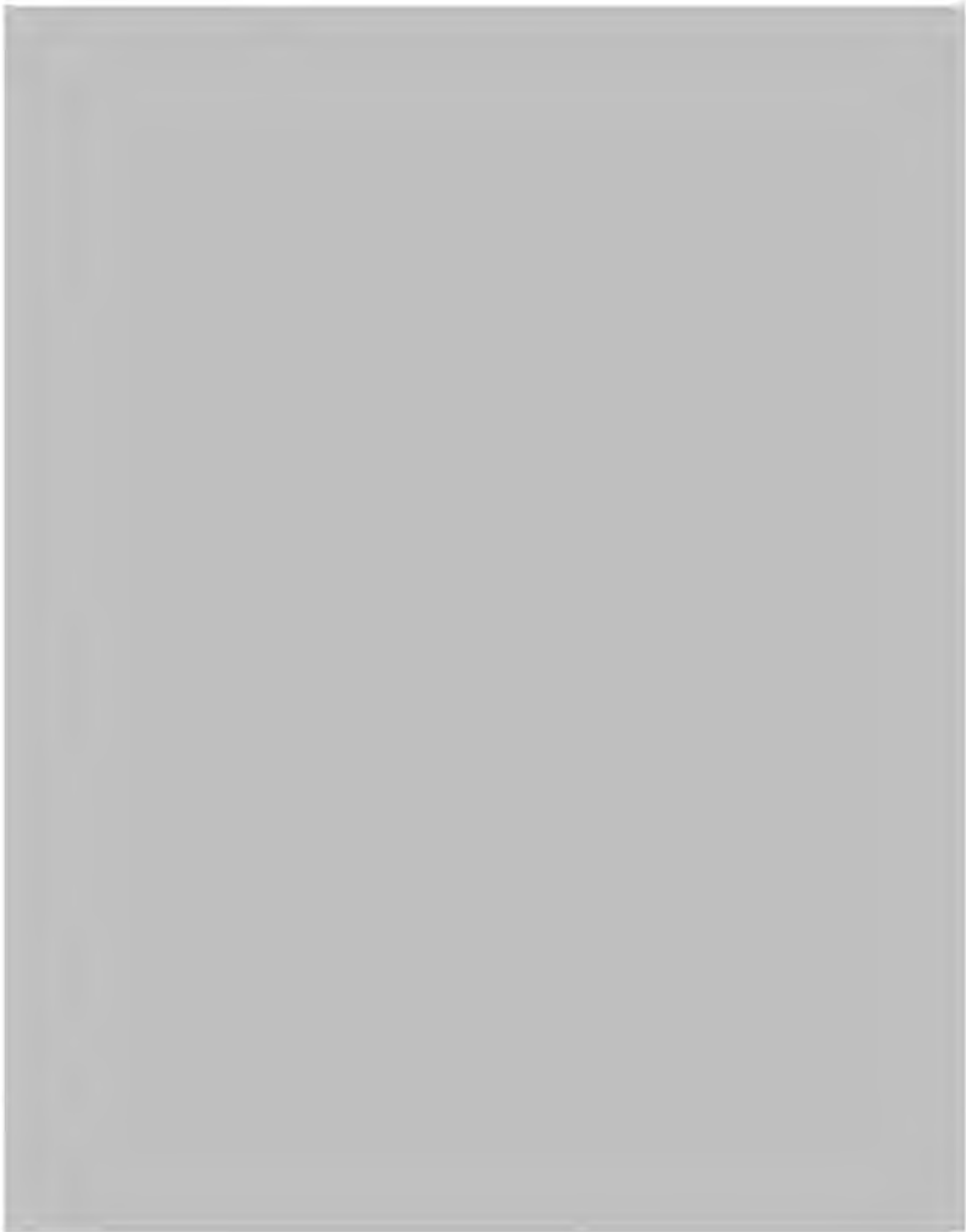
s.23



s.21(1)(a)

s.21(1)(b)

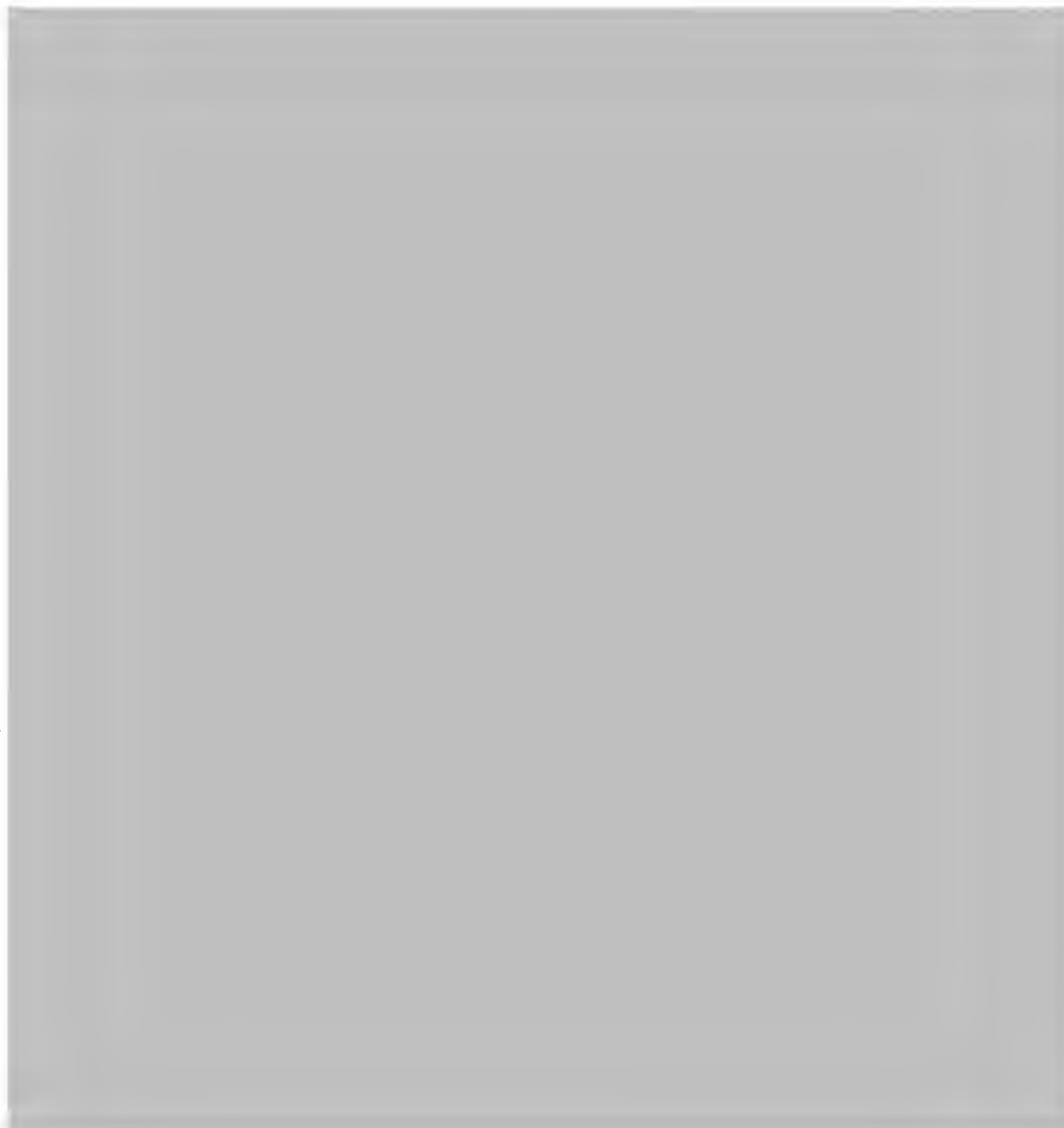
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s.21(1)(a)

s.21(1)(b)

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ANNEXES

Annex 1: Medical Marijuana Regimes in the U.S.

Annex 2: Medical Marijuana Regimes in Other Countries

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Medical Marijuana Regimes in the US – 16 States with Licensed Producer Models, Oregon, Washington and Canada

*States with a recreational regime

@States without a licensed producer model

	Canada	Arizona	Colorado*	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon* @	Washington*
Status	<i>Marijuana for Medical Purposes</i>	<i>Arizona Medical Marijuana Act</i>	<i>Medical Use of Marijuana for Persons Suffering from Debilitation Medical Conditions</i>	<i>Public Act 12-55</i>	<i>Delaware Medical Marijuana Act</i>	<i>Compassionate Use of Medical Cannabis Pilot Program Act</i>	<i>Maine Medical Marijuana Act</i>	<i>Senate Bill 923 & House Bill 881</i>	<i>Act for the Humanitarian Medical Use of Marijuana</i>	<i>Chapter 311 – SFNo 2470</i>	<i>Medical Use of Marijuana</i>	<i>House Bill 573</i>	<i>New Jersey Compassionate Use Medical Marijuana Act</i>	<i>Lynn and Erin Compassionate Use Act</i>	<i>New York Compassionate Use Act</i>	<i>Medical Marijuana Act</i>	<i>Therapeutic Use of Cannabis</i>	<i>Oregon Medical Marijuana Act</i>	<i>Medical Cannabis Law</i>
Year in Effect	June 2014	Nov 2010	June 2001	June 2012	July 2012	Aug 2013	Dec 1999	June 2014	Jan 2013	May 2014	June 2013	June 2013	Oct 2010	July 2007	Jul 2014	March 2006	2004	Dec 1998	Nov 1998
Regulatory Agency	Health Canada	Arizona Department of Health Services	Dept of Revenue, Dept of Public Health and Env, Dept of Agriculture	Dept of Consumer Protection	Delaware Health and Social Services	Dept of Public Health, Dept of Financial & Professional Regulation, Dept of Agriculture, Dept of Revenue	Maine Dept of Health and Human Services	Dept of Health and Mental Hygiene	Dept of Public Health	Dept of Health	Dept of Health and Human Services	Dept of Health and Human Services	New Jersey Dept of Health	New Mexico Dept of Health	New York Dept of Health	Dept of Health	Dept of Public Safety	Oregon Dept of Human Services	Dept of Health
User registry	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Require approved medical conditions	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Who can recommend	Medical practitioner & Nurse practitioner	Doctor of medicine, osteopathic medicine, naturopathic physician and homeopathic physician	Certified physician	Certified Physician	Certified Physician	Doctor of medicine or osteopathy with a controlled substances license	Certified Physician	Certified Physician	Certified physician who has completed 2 CME credits	Certified physician, physician assistant or advanced practice nurse	Doctor of Medicine or Doctor of Osteopathy	Certified Physician or an advanced practice nurse licensed to prescribe controlled substances	Certified Physician	Doctor of Medicine, Doctor of Osteopathy, nurse practitioners and most mid-level medical providers	Certified Physician who has completed a 4-hr course on marijuana	Certified physician	Doctor of Medicine, advanced practice registered nurse, naturopath, or osteopathic physician	Doctor of Medicine or Doctor of Osteopathy	Doctor of Medicine or Doctor of Osteopathy
Continuing Medical Education	No	Yes Offered by the U of Arizona's Mel and Endi Zuckerman College of Public Health	No	No	No	No	No	No	Yes Offered by the Massachusetts Medical Society	No	No	No	No	No	No	No	No	No	No
Physician required to recommend dosing	Yes Daily quantity of marijuana & recommended time prescribed	No	Required to indicate amount of marijuana or no of plants if exceed the possession limit	Required to indicate amount of marijuana	No	No	No	Not specified	Required to indicate amount of marijuana	Dept of Health is currently looking at recommended dosing	Not specified	Not specified	Required to indicate amount of marijuana	Not required	Required to indicate amount of marijuana	No	No	No	No
Allow for Caregivers		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Marijuana for minors	Not specified	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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	Canada	Arizona	Colorado ^a	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon ^a @	Washington ^a @
Quantity for personal possession	150 g	25 oz (14-day)	2 oz	25 oz (1 month)	6 oz	25 oz (14-day)	25 oz (15-day)	30-day supply	10 oz (60-day)	30-day supply	25 oz (14-day)	2 oz	2 oz (30-day)	6 oz	30-day	25 oz (15-day)	2 oz dried	24 oz	24 oz
Personal cultivation	Not allowed	Under limited circumstance Up to 12 plants	Yes Up to 6 plants	Not allowed	Not allowed	Not allowed	Yes Up to 6 plants	Not allowed	Under limited circumstance	Not allowed	Under limited circumstance Up to 12 plants	Not allowed	Not allowed	Under limited circumstance Up to 12 seedlings and 4 mature plants	Not allowed	Yes Up to 12 plants	Yes Up to 9 plants (2 mature and 9 immature)	Yes Up to 6 plants	Yes Up to 15 plants
Allowed forms of marijuana	Dried only ^a	Dried, marijuana infused edibles and marijuana-infused non-edibles are allowed	Broad range of products allowed, including: any food, drink, pill, ointments, tinctures, and concentrates	Dried, marijuana extracts (tinctures/oils), topical oils or lotions, transdermal patches, baked goods, capsules, or pill form are allowed. Chocolates and candies containing marijuana are prohibited	Dried, tinctures, ointment, food, drinks	Dried, concentrates; tinctures, tonics; ointments; balms; infused food products, soda or teas; capsules Marijuana-infused products requiring refrigeration or hot-holding are prohibited	Dried, tinctures, and topical products such as balm, lotion and ointment	Dried, tinctures, aerosols, oils, ointments, wax, capsule, suppository, dermal patch, cartridge or other product containing medical marijuana concentrate Marijuana-infused food is not allowed	Dried, oil, ointment, aerosols, tinctures, and marijuana-infused edibles etc. However, marijuana-infused edibles must not resemble candies as it appeals to children	Oil: pill, vaporized delivery method, and any other method as approved by the commissioner Dried marijuana is NOT allowed	Topical products, ointments, oils and tinctures, edibles (food, extracts)	Dried, edible products, ointments, aerosols, oils, and tinctures	Edible form includes: lozenges, tablets, capsules, drops, tinctures and syrups, and topical formulations. Edible forms are only available only to minors	Regulation does not specify the types of products allowed apart from marijuana concentrates	Extract in oil for sublingual administration, an extract for vaporization or an extract in capsule for ingestion Smoking of dried marijuana is Not allowed	Dried and ingestion options of useable marijuana	Dried and marijuana-infused products	Dried, edible products, ointments, tinctures, oil	Dried. Regulation is silent on other forms of marijuana
Definition of useable cannabis/ marijuana	NA	Dried flowers of the marijuana plant, and any mixture or preparation thereof, but does not include the seeds, stalks and roots of the plant and does not include the weight of any non-marijuana ingredients combined with marijuana and prepared for consumption as food or drink	Seeds, leaves, buds, and flowers of the plant (genus) cannabis, and any mixture or preparation thereof, which are appropriate for medical use as provided in this section, but excludes the plant's stalks, stems, and roots	Dried leaves and flowers of the marijuana plant, and any mixtures or preparations of such leaves and flowers, that are appropriate for the palliative use of marijuana, but does not include the seeds, stalks and roots of the marijuana plant;	Dried leaves and flowers of the marijuana plant and any mixture or preparation of those dried leaves and flowers, including but not limited to tinctures, ointments, other preparations thereof, but does not include the seeds, stalks, and roots of the plant. It does not include the resin extracted from any part of the plant, but does not include the stalks, and roots of the plant	Seeds, leaves, buds, and flowers of the cannabis plant, and any mixture or preparation thereof, including the resin extracted from any part of the plant, but does not include the stalks, and roots of the plant	Dried leaves and flowers of the marijuana plant that require no further processing, and any mixture or preparation of those dried leaves and flowers, including but not limited to tinctures, ointments, and other preparations. It does not include the seeds, stalks, leaves that are disposed of and not dried for use and roots of the marijuana or other ingredients in goods prepared for human consumption	Dried leaves and flowers. It does not include seedling, seeds, stems, stalks, or roots of the plant or the weight of any non-marijuana ingredients combined with marijuana, such as ingredients added to prepare a topical administration	Fresh or dried leaves and flowers and any mixture or preparation thereof, including MIPs, but does not include the seedlings, seeds, stalks, or roots of the plant	Any species of the genus cannabis plant, or any mixture or preparation of them, including whole plant extracts and resins, and is delivered in the form of: (1) liquid, including, but not limited to, oil; (2) pill; (3) vaporized delivery method with use of liquid or oil but which does not require the use of dried leaves or plant form, or (4) any other method, excluding smoking	dried leaves and flowers of a plant of the genus Cannabis, and any mixture or preparation thereof, that are appropriate for the medical use of marijuana, and	the dried leaves and flowers of the cannabis plant and any mixture or preparation thereof, but does not include the seeds, stalks, and roots of the plant and does not include the weight of any non-cannabis ingredients combined with cannabis and prepared for consumption as food or drink	dried leaves and flowers of the female marijuana plant, and any mixture or preparation thereof, and does not include the seedlings, seeds, stems, stalks or roots of the plant	dried leaves and flowers of the female cannabis plant and cannabis-derived products, including concentrates, but does not include the seeds, stalks, and roots of the plant	No definition of useable marijuana. See allowed forms above	dried leaves and flowers of the marijuana plant, and any mixture or preparation thereof, but does not include the seeds, stalks and roots of the plant	dried leaves and flowers of marijuana, and any mixture or preparation thereof, and does not include the seeds, stalks, and roots of the plant		

¹ Since the Supreme Court of Canada in Smith on June 11, 2015 individuals are entitled to legal access to forms of cannabis beyond the dried form. In response to the SCC decision Health Canada allows, by virtue of an exemption to the CDSA, for the production and sale of cannabis derivatives such as oil by licensed producers to their registered clients

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	Canada	Arizona	Colorado*	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon* @	Washington* @
					topical administration, food, or drink		consumption or use			approved by the commissioner									
Limitations on the use / possession	Not specified		<p>Cannot use marijuana:</p> <ul style="list-style-type: none"> - In plain view or in a place open to general public - Correction facility - Subject to sentence to incarceration - In a vehicle, aircraft or boat - In or on the grounds of a school/school bus <p>Cannot possess marijuana in or on the grounds of a school bus or school</p>	<p>Cannot use marijuana:</p> <ul style="list-style-type: none"> - in a motor bus or a school bus or in any other moving vehicle, - in the workplace - on any school grounds or any public or private school, dormitory, college or university property, - in any public place, or in the presence of a person under the age of eighteen 		<p>Cannot possess marijuana:</p> <ul style="list-style-type: none"> - In a school bus - On the grounds of pre-school, primary/secondary school - Correctional facility - Vehicle - Private residence to provide child care <p>Cannot use marijuana:</p> <ul style="list-style-type: none"> - As above - Public place 			<p>Does not allow the operation of a vehicle, boat or aircraft under the influence of marijuana</p> <p>Does not require any accommodation of medical use of marijuana in any place of employment, school bus, school grounds, youth center, correctional facility, or in any public space</p>				<p>Patients may not operate, navigate, or be in control of any vehicle, aircraft, railroad train, or stationary heavy equipment vessel while under the influence of marijuana</p> <p>Patients may not smoke marijuana,</p> <ul style="list-style-type: none"> - On a school bus or public form of transportation - In a private vehicle unless the vehicle is not in operation - On any school grounds, in any correctional facility, at any public park or beach, at any recreation center 		<p>Cannot use marijuana</p> <ul style="list-style-type: none"> - public place - places of employment - bars - food service establishments - enclosed indoor areas open to public containing a swimming pool - public means of transportation - on public transportation terminals - youth centers and facilities - child care facilities - child day care centers - group homes for children - public institution for children - residential treatment facilities for children and youth - public and private colleges, universities and other education and vocational institutions - hospitals and residential health care facilities - commercial establishment - indoor areas - zoos - vehicles 				

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	Canada	Arizona	Colorado*	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon* @	Washington* @
THC/CBD limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	Max THC: 10%	No limit	Max THC: 10mg per dose - within 100ft of entrances to schools	No limit	No limit	No limit	No limit
Defined serving size for infused products	NA	Not Specified	10mg of THC per serving and no more than 100mg of THC in edible retail product	Not Specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified
Commercial cultivation	Licensed producer	Non-profit licensed dispensary	Licensed medical marijuana centre	Licensed producer	Licensed Compassionate Centres	Licensed cultivation centre	Non-profit licensed dispensary Patients designate dispensaries to grow on their behalf	Licensed grower	Non-profit Licensed dispensary	Licensed manufacturer	Licensed cultivation facility	Alternative Treatment Centre (ATC)	Alternative Treatment Centre (ATC) (non-profit or for-profit)	Non-profit Licensed producer	Licensed organization	Non-profit Compassionate Center	Non-profit dispensary	Non-profit Licensed dispensary	NA
Commercial processing	Licensed producer	Non-profit licensed dispensary Licensed kitchen to produce infused edibles	Licensed medical marijuana centre (cultivate marijuana) Licensed infused products manufacture	Licensed producer	Licensed Compassionate Centre	Licensed cultivation centre	Non-profit licensed dispensary	Licensed processing dispensary	Non-profit Licensed dispensary	Licensed manufacturer	Licensed production facility	Alternative Treatment Centre	Alternative Treatment Centre (non-profit or for-profit)	Non-profit Licensed producer	Licensed organization	Non-profit Compassionate Center	Non-profit dispensary	NA (Patients produce marijuana infused products then transfer to dispensary)	NA
Commercial dispensary	No store fronts allowed, by mail only	Non-profit licensed dispensary (store fronts)	Licensed medical marijuana centre (store fronts)	Licensed dispensary Only pharmacists can dispense marijuana (store fronts)	Licensed Compassionate Centre (store fronts)	Licensed dispensary (store fronts)	Non-profit licensed dispensary (store fronts)	Licensed dispensary (store fronts)	Non-profit Licensed dispensary (store fronts and home delivery)	Licensed distribution facility operated by a licensed manufacturer (store fronts)	Licensed dispensary - store fronts and home delivery by medical marijuana establishment agent allowed	Alternative Treatment Centre (store fronts) Home delivery prohibited	Alternative Treatment Centre (non-profit or for-profit) Store fronts Home delivery prohibited	Non-profit Licensed producer No store fronts allowed, by mail only	Licensed dispensary operated by licensed pharmacists (store fronts)	Non-profit Compassionate Center Store fronts Home delivery under limited circumstances	Non-profit dispensary (store fronts)	Non-profit Licensed dispensary	NA
LP limit	No limit	125 dispensaries	No limit	Min of 3 and Max of 10 of licensed producers	No limit	22 cultivation centres 66 dispensaries	No limit	15 cultivation centres No limit on dispensaries	35 Licensed dispensaries	2 Licensed manufacturers Each manufacturer can operate up to 4 distribution facilities	66 licensed dispensaries	4 ATCs	6 ATCs	23 Licensed producers	5 Licensed organizations Each organization can operate up to 4 dispensaries	3 Compassionate Centers	4 licensed dispensaries	No limit	NA
Production and distribution limits	No limit Graduated licensing	No limit	Obtain no more than 30% of their stock from another center Allow to cultivate based on the # of patients served	No limit	Up to 150 plants per licensed centres	No limit	Allow to cultivate based on the # of patients served	No limit	Allow to cultivate based on the # of patients served	Not specified	Not specified	Up to 3 mature plants, 12 seedlings, and 6 oz of useable marijuana per each patient designated And up to additional of 80 mature plants, 160 seedlings and	No limit	450 plants and seedlings per LP	Each licensed organization can produce up to 5 strains of medical marijuana product	Allow to cultivate based on the # of patients served	Allow to cultivate and possess up to 28 mature plants, 98 immature plants, and 28 oz of useable marijuana if LP has more than 14 patients, they can cultivate and possess 2 mature	Each designated grower can grow for up to 4 patients	NA

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	Canada	Arizona	Colorado*	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon**	Washington**
												80 oz of useable					plants, 7 immature plants and 2 oz of useable marijuana extra for every registered patient Each Licensed producer can serve up to 1000 patients		
Background checks	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA
Packaging and labelling Requirement	Yes	Detailed labeling requirements	Yes, detailed	Yes, detailed	No	Yes, detailed	Not detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Not detailed	Not detailed	Yes	NA
Ref to Child resistance Std?	C01001(2) to (4) of the Food and Drug Regulations	Does not specify packaging requirements	ASTM classification standard D3475-13 State standard 16 CFR 170020 (1995)	Standard for 'special packaging' in the Poison Prevention Packaging Act of 1970 Regulations, 16 CFR 17001(b)(4)		ASTM classification standard D3475-14			Child-proof containers No ref to standards				Does not require child-resistant packaging		Child-resistant package No ref to standards		/		
Labeling (in relation to possession limit)	Net weight in grams	Amount of useable marijuana used in the product	Amount of useable marijuana used in the product	Quantity of marijuana contained in the product		Amount of useable marijuana used in the product			Amount of useable marijuana used in the product				Quantity of marijuana in package		Single dose of THC and CBD content for the product in mg				
Security Requirement	Yes	Yes, detailed	Yes, detailed	Yes, detailed	Yes, not detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Yes, detailed	Not detailed	Yes, detailed	Yes, detailed	Not detailed	Yes, detailed	NA
GMP / standards	Generic requirements	Generic requirements Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Generic requirements, with specific requirements for the production of marijuana-infused concentrates	Generic requirements Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Not specified	Generic requirements Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Generic requirements Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Specific requirements for the production of marijuana-infused concentrates	Generic requirements Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Generic requirements		Specific requirements for the production of marijuana-infused edibles	Specific requirements for the production of marijuana concentrates Production facilities for marijuana-infused edibles must comply with State Food Acts and Regulations	Not specified	Generic requirements	Specific requirements for the production of marijuana extractions	Not specified	Not specified	NA
Cost (\$US)		\$350-400 / oz	\$400 / oz	\$350-550/oz	Not specified	\$15 per gram	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	\$400-520 / oz	Not specified	Not specified	Not specified	Not specified	\$280 / oz	Not specified
Application Fees / Licensing Fees	Not specified	Application \$5000 Licensing \$1000	Application Type 1 (1-300 patients) - \$25,000 Type 2 (301-500 patients) - \$10,000	Application Producer - \$25,000 Dispensary - \$6,000 Licensing Producer -	Not specified	Application Producer - \$25,000 Dispensary - \$5000 Licensing	Licensing \$12,000	Application Grower - \$6,000 Grower & Dispensary \$11,000	Application \$30,000 Licensing \$50,000	Application \$20,000 Licensing TBD	Application \$5000 Licensing \$3000	Application \$3000 Licensing \$40,000-\$80,000 Depends on geographical	Application \$10,000 Licensing \$20,000	Application \$10,000 Licensing \$30,000 for the first 150 cannabis plants, and	Application \$10,000 Licensing \$200,000 for two years once the	Application \$250 Licensing \$5,000 ID card for each board	Application \$2,500 Licensing \$20,000 Annual renewal	Application \$4000 Licensing \$3,500	NA

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	Canada	Arizona	Colorado*	Connecticut	Delaware	Illinois	Maine	Maryland	Massachusetts	Minnesota	Nevada	New Hampshire	New Jersey	New Mexico	New York	Rhode Island	Vermont	Oregon* @	Washington* @
			Type 3 (>501 patients) - \$14,000 <u>Renewal fees:</u> Type 1 (1-300 patients) - \$3,000 Type 2 (301-500 patients) - \$7,000 Type 3 (501 or more patients) - \$11,000	\$75,000 Dispensary - \$5,000		\$200,000 for the first year and \$100,000 annually thereafter for producer		Dispensary/ Processing Dispensary \$5000 <u>Biennial licensing fee</u> Grower - \$250,000 Grower & Dispensary - \$330,000 Dispensary/ Processing Dispensary \$80,000				location of the ATC		\$10,000 for each additional 50 plants thereafter	organization is licensed	member and employees: \$75,000 (renew every 2 years)	\$30,000		

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Medical Marijuana Regimes in Other Countries

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(need to add Finland)	

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<p>Netherlands</p>	<p>Summary Marijuana for medical purposes has been legalized in the Netherlands since 2003. The Office of Medicinal Cannabis (OMC) was created in 2000 under the Ministry to Health, Welfare and Sport, and is the licensing authority that oversees the cultivation and distribution of marijuana for medical and scientific purposes. The medical marijuana program was established to provide a legal access of quality medical marijuana to patients. Prior to the establishment of OMC, patients can only obtain marijuana illegally, or from 'coffee shops', which have been in the Netherlands since 1976.</p> <p>Growing marijuana is illegal; however, police usually tolerates the personal cultivation of marijuana if it is less than 5 plants (i.e. police will destroy the plants but will not prosecute the grower). However, this is not consistent throughout the country and some cities may be stricter than others when enforcing the laws.</p> <p><u>Overview of LP model</u> OMC licenses marijuana growers to cultivate marijuana, which is then sold to OMC. Currently, Bedrocan is the sole supplier of medical marijuana in the Netherlands. Bedrocan produces ~400-500 kg a year. Roughly 25% are exported to other countries. (Allard transcript) OMC acts as a wholesaler for medical marijuana, performs quality control, conducts packaging and distributes marijuana exclusively to pharmacies, pharmacy-holding General Practitioners, hospitals and veterinarians. To ensure that the medical marijuana is of pharmaceutical quality, OMC conducts testing on all medical marijuana to ensure that it contains no pesticides, heavy metals, bacteria, mould or other potential pathogens.</p> <p>OMC also exports marijuana to other countries, such as Germany and Czech Republic for scientific and medical purposes.</p> <p><u>Challenges</u> When OMC was established, it was expected that roughly 15,000 patients would be registered under the medical marijuana program. However, to date, only 1,500 signed up. The low rate may be due to several reasons: cost of marijuana from OMC is more expensive than those sold at coffee shops and limited strain options (only five strains are offered by OMC).</p> <p>Roles of health professionals: Only patients with a valid prescription can purchase medical marijuana through pharmacies. Certified physicians are allowed to prescribe marijuana to treat a variety of ailments. The physician must specify in the certification the amount of medical marijuana to be used by the patient, as well as a clear description of the way the marijuana should be used, including a description of the maximum amount of marijuana that may be used in a period of 24 hours.</p> <p>Dosing: Physicians are required to indicate in the prescription the recommended amount of marijuana for patients. According to OMC, the average daily use is approximately 0.68g per patient. OMC does not provide guidance to doctors regarding dosing(Allard transcript). OMC recommends the oral use of one cup of tea (0.2L) by preparing boiling 0.5g of marijuana in 0.5L of water. OMC notes that on</p>	<p>Office of Medicinal Cannabis http://www.ncsm.nl/english/the-dutch-medicinal-cannabis-program</p>
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	<p>average it take 2 weeks before the maximum effect is reached and that if after 1-2 weeks the effect is insufficient or unsatisfactory, one additional cup (0.2L) can be taken in the morning. OMC notes that the dosage can be slowly increased if necessary. Alternatively, OMC recommends that inhalation once or twice daily of a few puffs at the start of the treatment. OMC notes that in principle, it advises against smoking.¹</p> <p>Approved medical conditions: Based on the availability and quality of clinical data and scientific literatures, OMC indicated a selection of medical conditions that may benefit from the treatment of medical marijuana. These conditions include:</p> <ul style="list-style-type: none"> • pain and muscle spasms/cramps associated with multiple sclerosis or spinal cord damage; • nausea, reduced appetite, weight loss and debilitation associated with cancer and AID; • nausea and vomiting caused by medication or radiotherapy for cancer and HIV/AIDS; • long-term neurogenic pain (i.e. originating in the nervous system) caused by, for example, nerve damage, phantom limb pain, facial neuralgia or chronic pain following an attack of shingles; and • tics associated with Tourette Syndrome.² <p>Physicians are allowed to prescribe marijuana for other ailments as well. However, as a general guideline, marijuana tends to be prescribed if the standard treatments and registered medicines are not having the required effect or are causing too many side effects.</p> <p>Allowed forms of marijuana: Dried only. Eco Pharmaceuticals and Tonsfal Apotek (a pharmacy) in the Netherlands is looking into developing methods in producing cannabis oil and CBD oil for children.</p> <p>The Netherlands does not prohibit patients from producing marijuana extracts.</p> <p>THC/CBD limit: Currently, only 5 types of dried marijuana are provided through pharmacies, including Bedrobinol (13.5% THC; <1% CBD), Bedrocan (22% THC, <1% CBD), Bediol (6.3% THC; 8% CBD), Bedica (14% THC; <1% CBD) and Bedrolite (<1% THC, 9% CBD).</p> <p>Marijuana allowed for children: Yes</p> <p>Possession/Cultivation: Personal cultivation is not allowed. There is no limit on the maximum possession amount for patients qualified for medical marijuana.</p>	
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¹ Office of Medicinal Cannabis. http://www.cannabisbureau.nl/en/doc/pdf/5089-A5-BMC-Pat-ENG-web_35842.pdf

² Office for Medicinal Cannabis. <http://www.cannabisbureau.nl/en/MedicinalCannabis/Doctorsandpharmacists/Groundsforuse/>

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	<p>Packaging and Labelling: TBC</p> <p>Security requirements: TBC</p> <p>Production/manufacturing standards: TBC</p> <p>Cost: The cost is €38 per five grams. This excludes 6% sales tax and a fee for pharmacy to dispense (~€6). 15% of the cost of marijuana goes to OMC.</p> <p>Application and licensing fee: TBC.</p> <p>Financial requirements for LP: TBC</p>	
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<p>Israel</p>	<p><u>Summary</u> Marijuana for medical purposes has been legal in Israel since the early 90s, however, it is only until recently, Israel is implementing and regulating a much more sophisticated licensed producer model.</p> <p>In 2011, the Israel Medical Cannabis Agency (IMCA) was created to support the development and implementation of the new medical marijuana regime. This new program is expected to come into effect by early 2015. The new program will use Sarel Ltd., a government-affiliated pharmaceutical supplier, to act as a middleman between growers and pharmacies. Sarel Ltd. will purchase marijuana from growers, test it to ensure that the concentration of cannabinoids complies with the regulations, and supply it to the pharmacies that win the tender.³ Currently, the regulations require growers to state the concentration of cannabinoids and the amount of marijuana on the package. Under the new system, Sarel Ltd. will ensure that the medical marijuana is packaged and labelled according to the new regulations established by the Ministry of Health (MOH).⁴ The MOH is expected to publish 7 tenders in April 2015.⁵ These 7 tenders include: growers, processors/manufacturers, distributors, pharmacies, packaging, importers and testing laboratories.</p> <p>IMCA indicated that under this new regime, they are looking for establishments that can offer the best quality of marijuana at the lowest price.</p> <p><u>Supply-demand</u> IMCA plans to limit the number of medical marijuana establishments: Growers – TBC Manufacturers – 1 Pharmacies – 180 Testing lab – <10 Distributors – TBC</p> <p>The limit is based on the consultation with other government departments that are implicated, including agricultural, health, customs, and law enforcement etc.</p> <p>There will also be a limit on the quantity of marijuana allowed to be produced by each of the medical marijuana establishments. The amount will not be distributed evenly among the establishments. If an establishment cannot meet the maximum production limit, IMCA may reduce their limit and allocate that to another establishment.</p> <p><u>Best practices/challenges</u> Making marijuana-infused cookies is challenging, because it is difficult to evenly distribute the amount of cannabis consistently throughout the cookie.</p> <p>Roles of healthcare practitioners: Authorization to possess or use marijuana must be issued by a specialist practicing in the disease area from which the patient suffers. While any physicians in Israel can issue a recommendation, the MOU has a multi-disciplinary board of 36 Medical Doctors who can actually authorize medical marijuana. Other medications must have been tried first and found not to work as marijuana is considered a medication of "last resort". The requesting physician must state in the recommendation letter that all conventional drug treatment were used thus far and has been unsuccessful.</p> <p>Dosing:</p>	
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<p>Qualifying patients are allowed to possess 100 grams of dried marijuana per month; however, they cannot carry more than 60 grams of dried marijuana at one time. The physician normally starts prescribing at 20 grams per month. The patient gets reassessed and if needed, they could get an increase in dose up to 100 grams a month. On average, the amount consumed per patient is approximately 37 grams per month.</p> <p>Approved medical conditions: Currently, patients with the following conditions could be considered for recommendations for medical marijuana:</p> <ul style="list-style-type: none"> • Chronic pain due to a proven organic etiology • Orphan diseases (<i>i.e.</i>, diseases and conditions that affect only a small percentage of the population and for which few, if any, pharmaceutical drugs are developed) • HIV patients with significant loss of body weight or a CD4 cell count below 400 • Inflammatory bowel disease (but not Irritable Bowel Syndrome) • Multiple sclerosis • Parkinson's disease • Malignant cancerous tumour in various stages. • Neuropathic pain • Uncontrolled Epilepsy • Post-Traumatic Stress Disorder <p>Allowed forms of marijuana: Flowers (dried or in cigarettes), oil and marijuana-infused cookies (only for children). IMCA indicated those 3 forms of marijuana are allowed because other forms of marijuana products, such as ointment and candies etc, lack adequate scientific evidence to support their efficacy. IMCA recognized that smoking marijuana is not preferable due to the potential health hazards and they are currently exploring other means, including exploring the development of other medicinal tools to replace the smoking of marijuana (vaporizer).</p> <p>THC/CBD limit: Israel sets a limit for THC and CBD levels. The lower and upper limit for THC is 7% and 24% respectively, and the maximum amount of CBD is 10%. Israel sets a THC limit because they believe that THC levels beyond 24% do not contribute to any medicinal benefits to the patient.⁶</p> <p>Marijuana allowed for children: Yes</p> <p>Possession/Cultivation: Personal cultivation is not allowed.</p> <p>Packaging and Labelling: TBC</p> <p>Security requirements: TBC</p>	
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³ Greener grass: Should Israel's policy on medical marijuana be replicated abroad? - <http://www.haaretz.com/weekend/week-s-end/greener-grass-should-israel-s-policy-on-medical-marijuana-be-replicated-abroad-1.466089>

⁴ Conference call with Mr. Yuval Landschaft, current head of medical marijuana program in Israel, in October 2014.

⁵ Email correspondence with Mr. Yuval Landschaft, current head of medical marijuana program in Israel, January 2015.

⁶ Conference call with Dr. Yehuda Baruch in November 2013 (Former head of medical marijuana program who was appointed by the Israeli's Ministry of Health)

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	<p>Production/manufacturing standards: Marijuana-infused oil or extracts are required to be produced by ethanol-extraction method.⁷</p> <p>There will be GMP requirements for the production and manufacturing of marijuana products (dried, oil and cookies), and testing laboratories. Further information on the requirements will be shared with us once the requirements have been approved by the Israel Supreme Court in April 2015.</p> <p>Cost: Currently, qualifying patients pay a fixed price of about \$100 per month, regardless of the amount of marijuana recommended. However, the pricing structure may change in the future under the new system.</p> <p>Application and licensing fees: Israel does not charge application or licensing fees from potential producers, manufacturers, etc.</p> <p>Financial requirements for LP: TBC</p>	
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⁷ Conference call with Dr. Yehuda Baruch in November 2013 (Former head of medical marijuana program who was appointed by the Israeli's Ministry of Health)

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Austria	<p>In 2008, Austria adopted a bill allowing the cultivation of cannabis for medical and scientific purposes, under the Health Ministry's control. The approved bill will give the Austrian Agency for Health and Food Safety (<i>Österreichische Agentur für Gesundheit und Ernährungssicherheit, AGES</i>), which operates under the supervision of the Federal Ministry of Health (BMG), the exclusive right to grow the plant. The cultivation may only be done by pharmaceutical companies which have been licensed for the production of medicines and poisons. Patient's access to marijuana for medical purposes is not specified at this time⁸.</p> <p>The production of cannabis for medical use is theoretically allowed however the sale of it is prohibited under Austrian drugs laws. The sale of synthetic cannabis pharmaceuticals (containing THC) such as Sativex is legal with a prescription from a licensed physician. While it is illegal to grow cannabis in order to produce THC, Austrians may purchase cannabis seeds/seedlings legally. THC is prohibited, but none of the other cannabinoids. This leaves it unclear as to whether cannabis patients are allowed to grow plants, as long as the plants are harvested before the flowering phase. Research suggests cannabidiol may be extracted from the leaves of immature plants. In the meantime, Austria produces hemp (which does not exceed a THC content of 0.3%) for medical and industrial purposes.</p>	
Chile	<p>In Chile, medical marijuana is legal; however, it was not fully endorsed by the government until recently. The Agricultural Services, a government organization, can issue authorizations for the personal cultivation of marijuana for medical purposes since 2005. To date, only two permits have been granted. In September 2014, the Chilean government approved a pilot pain prevention program run by the Daya Foundation, a local nonprofit organization dedicated to alleviating human suffering. The Daya Foundation is authorized to grow medical marijuana in the Santiago municipality of La Florida, on a piece of 850 square meters of residential land. Once the marijuana plants have been cultivated, oil from the plants will be used to treat 200 selected patients as a part a clinical study on the effect of marijuana as a pain medication. It is expected that the harvesting of marijuana plants will begin in April 2015, with treatments using the marijuana-infused oil scheduled to take place in May 2015.⁹ In January 2015, the Chilean government approved AgroFuturo, a medical research company, to begin commercial production of marijuana for medical and research purposes¹⁰. However, there are no further details on the regulatory requirements for the medical marijuana facility.</p>	
Czech Republic	<p>Marijuana for medical purposes was legalized in Czech Republic in April 2013, although provisions allowing for the cultivation and supply of medical marijuana (through a licensing procedure) came into force on March 1, 2014. The State Institute for Drug Control is the government authority responsible for implementing the medical marijuana program. It is responsible for issuing cultivation licenses to local growers for a maximum of five years, purchasing grown and harvested medical marijuana from licensed producers, and distributing medical marijuana to pharmacies. It is unclear whether any local growers have been licensed yet. However, to date, Czech Republic has been importing dried marijuana from Israel and the Netherlands.</p> <p>Patients with a valid prescription from a certified physician can purchase medical marijuana at local pharmacies and are allowed to possess a maximum of 30 grams of dried marijuana per month. Information on the medical marijuana program in Czech Republic is limited. It is unclear whether patients have to meet one or more qualifying medical conditions in order to possess or use medical marijuana. It is also unclear whether there is a limit on THC and CBD levels.</p>	

⁸ Austrian Agency for Health and Food Safety website <http://www.ages.at/en/service/ask-us-we-answer/hanf/>

⁹ Americas Society of Council of the Americas. Medical Marijuana Planted in Chile. <http://www.americasquarterly.org/tags/undacion-daya>

¹⁰ Latin American Herald Tribune. Chile Authorizes Second Cultivation of Pot of Medicinal Purposes. <http://lahit.com/article.asp?ArticleId=2368493&CategoryId=14094>

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Italy	The use of medical marijuana has been legal since 2007. Currently, physicians can prescribe medical marijuana. The Ministry of Health in Italy does not provide a list of qualifying conditions for physicians to prescribe marijuana, however, similar to the Netherlands, marijuana tends to be prescribed when there is a lack of treatment options in the country. Patients with a prescription can purchase dried marijuana imported from the Netherlands at local pharmacies. However, in 2013, only a few dozen people accessed the medical marijuana program because the cost of marijuana was too high. In September 2014, the Italian government announced a pilot project to grow medical marijuana at a secure military lab outside of Florence. The medical marijuana will be distributed through pharmacies by the end of 2015. ¹¹ The purpose of the pilot project is to reduce the cost of medical marijuana and to make it more available to qualifying patients. To date, there is no further information on the regulatory requirements for cultivating and distributing medical marijuana.	
Germany	Marijuana for medical purposes is legal in Germany. In 2011, Germany allowed for marijuana-containing proprietary medical products to be manufactured and prescribed, after clinical testing and licensing by the Federal Institute for Drugs and Medical Devices (BfArM). ¹² However, the medical marijuana program in Germany is highly restrictive and costly (€15-20 per gram). Only a very limited number of qualifying patients with a prescription are allowed to purchase dried marijuana from pharmacies. These patients suffer from chronic pain, multiple sclerosis, Tourette's syndrome, and other severe illnesses. ¹³ The pharmacies import four strains of dried marijuana from the Netherlands. Although BfArM may grant a license to cultivate marijuana for scientific purposes or other purposes in the public interest, up until July 2014, no exemptions to cultivate for medical reasons, for personal use, have been granted. In July 2014, a Court ruling in Cologne granted approval on a case-by-case basis, to three people for personal cultivation of medical marijuana. ¹⁴	

¹¹ Reuters. Secure Italian Military lab to grow medical marijuana. <http://www.reuters.com/article/2014/09/18/us-italy-marijuana-idUSKBN0HD21G20140918>

¹² European Monitoring Centre for Drugs and Drug Addiction. Country overview: Germany. <http://www.emcdda.europa.eu/publications/country-overviews/de>

¹³ International Association for Cannabinoid Medicines. Bulletin of Feb 15, 2009. http://www.cannabis-med.org/english/bulletin/ww_en_db_cannabis_artikel.php?id=289

¹⁴ Leafly. Germany Now Permitting Chronic Pain Sufferers to Grow Cannabis for Medical Reasons. <http://www.leafly.com/news/headlines/germany-now-permitting-chronic-pain-sufferers-to-grow-cannabis-fo>